



Doc. 300.2.2

Date: 17 June 2025

# Institution Response (Institutional Evaluation)

- **Higher Education Institution:**  
University of Nicosia
- **Town:** Nicosia
- **Institution Status:** Currently Operating



The present document has been prepared within the framework of the authority and competencies of the Cyprus Agency of Quality Assurance and Accreditation in Higher Education, according to the provisions of the “Quality Assurance and Accreditation of Higher Education and the Establishment and Operation of an Agency on Related Matters Laws” of 2015 to 2021 [L.136(I)/2015 – L.132(I)/2021].

## A. Guidelines on content and structure of the report

- *The Higher Education Institution (HEI) based on the External Evaluation Committee's (EEC's) evaluation report (Doc.300.2.1) must justify whether actions have been taken in improving the quality of the Institution in each assessment area.*
- *In particular, in the section building facilities, student welfare services, infrastructure, the HEI must respond on the comments and scoring of the EEC.*
- *Under each assessment area, the HEI must respond on, without changing the format of the report:*
  - *the findings, strengths, areas of improvement and recommendations of the EEC*
  - *the deficiencies noted under the quality indicators (criteria)*
  - *the conclusions and final remarks noted by the EEC*
- *The HEI's response must follow below the EEC's comments, which must be copied from the external evaluation report (Doc. 300.2.1).*
- *In case of annexes, those should be attached and sent on a separate document.*

## **BUILDING FACILITIES - STUDENT WELFARE SERVICES - INFRASTRUCTURE**

### **1. Building facilities**

#### **1.1 Plans and licenses**

All plans and licenses graded 'Yes'.

The evaluation for the building facilities was carried out as follows:

- 1) Meeting for discussion between the evaluator and the school's representatives on 26/05/2025.
- 2) Site tour at the following buildings on 26/05/2025.
  - a) Central 46, Makedonitissas Ave., 2417 Engomi, Nicosia
  - b) Millennium 46, Makedonitissas Ave., 2417 Engomi, Nicosia
  - c) Europa 46, Makedonitissas Ave., 2417 Engomi, Nicosia
  - d) Medical School Block A 93, Ayiou Nicolaou Str., 2408 Engomi, Nicosia
  - e) Medical School Block B 93, Ayiou Nicolaou Str., 2408 Engomi, Nicosia
  - f) Medical School Block C 21, Elia Papakyriakou & 2 Ayias Lavras Str., 2415 Engomi, Nicosia
- 3) The data (drawings, permits, inspection forms etc) were not available during the meeting but were later emailed to the evaluator on 06/06/2025 and 13/06/2025. The data submitted is complete and well organised to the satisfaction of the evaluator.

The medical school is accommodated and operates in the above three separate locations.

Below are separate remarks for each building.

- 1) UNIC Main Building: 46 Makedonitissas Avenue, 2417 Engomi
  - a. The building facilities are covered by various planning and building permits which are submitted.
  - b. There is an Official Cadastral Plan in the documentation.
  - c. There is a drawing with the presentation of parking spaces.
  - d. Form 102 submitted.
  - e. Form 103 submitted.
  - f. Form 104 submitted.
  - g. Fire safety certificate submitted.
  - h. Electricity certificate submitted.
- 2) Medical School Block A: 93 Ayiou Nicolaou Street, Engomi.
  - a. The building facilities are covered by various planning and building permits which are submitted.
  - b. There is an Official Cadastral Plan in the documentation.
  - c. There is a drawing with the presentation of parking spaces.
  - d. Form 102 submitted.

- e. Form 103 submitted.
- f. Form 104 submitted.
- g. Fire safety certificate submitted.
- h. Electricity certificate submitted.

**3) Medical School Block B: 93 Ayiou Nicolaou Street, Engomi (Plot 770).**

- a. The building facilities are covered by various planning and building permits which are submitted.
- b. There is an Official Cadastral Plan in the documentation.
- c. There is a drawing with the presentation of parking spaces.
- d. Form 102 submitted.
- e. Form 103 submitted.
- f. Form 104 submitted.
- g. Fire safety certificate submitted.
- h. Electricity certificate submitted.

**4) Medical School Block C: 21 Elia Papakyriakou & 2 Ayias Lavras, 2415 Engomi**

- a. Official Cadastral Plan submitted for the original usage of the building and not for the university. No permits are available regarding any change of usage for the Medical School. However, it should be mentioned that the actual usage of this building is to host office spaces for academic and administrative personnel, and the existing permit is actually for this usage. CYQAA could request for the permit to be re-issued to be for the exact usage, which is Supporting Offices for University / Medical School.
- b. Presentation, (not allocation) of parking spaces was made available during the session, but they are for the original usage of the building and not for the university. No permits are available regarding any change of usage for the school of medicine.
- c. Planning permit with some drawings are available for the original usage of the building as a commercial / office building.
- d. Building permit with some drawings presented for the for the original usage of the building as a commercial / office building.
- e. Form 102 submitted.
- f. Form 103 submitted.
- g. Form 104 submitted.
- h. Fire safety certificate submitted.
- i. Electricity certificate submitted. It is not from the Governmental Dept. of Electrical and Mechanical Services, but from the Electrical and Mechanical Contractors who constructed the building services.

## **1.2 Other facilities**

All sections graded as satisfactory. Mr Valiantis noted:

The undersigned Buildings Expert evaluator went through the existing conditions and through the documentation submitted by UNIC's representatives and has the opinion that, despite the above mentioned minor deficiencies, the building facilities successfully cover the CYQAA requirements.

## 2. Student welfare services

All sections graded as satisfactory.

### Findings

Grading of student welfare issues:

The student welfare staff appears to be adequate for the number of students enrolled in the University of Nicosia (UNIC) Medical School.

UNIC Medical School has its own dedicated student welfare officers who understand the specific pressures of medical education and provide support and guidance only for its students, due to the unique and complex nature of the school.

However, there are some welfare services that are supported centrally from the UNIC Student Welfare Department such as accommodation, visa, recreational areas, student clubs, events.

#### 1. Special access for students with disabilities:

The admission process is accessible to students with disabilities provided that they are capable of carrying out and completing the programme.

The procedures are thoroughly communicated to students from the beginning of their studies, ensuring equal access to academic studies.

#### 2. Recreation areas:

UNIC Medical School has high quality recreational facilities. The recreation areas include restaurants, cafeterias, fitness centre, gyms, TV Rooms and games areas, study rooms and lounges.

#### 3. Policy and statutes for academic student support:

There is a strong network of academic counselling providing guidance and support to the students. Each student is assigned an Academic Advisor from the first day of their studies who assist them with academic planning, course selection and addressing any problems or concerns. There is also a Student Success Centre that provides tutorial services and programs aimed at helping students.

#### 4. Policy and statutes for financial student support:

UNIC offers some scholarships to Medical students based on excellence or socioeconomic criteria.

Moreover, the administrative staff stated that if students have difficulties in paying off their tuitions, UNIC will offer them more flexible payment methods.

#### 5. Counseling services:

The Centre for Therapy, Training and Research (KESY) is offering mental health services to the members of UNIC. The Centre was established to promote Prevention, Assessment and Therapy and provide these services to the members of UNIC (staff and students) free of charge.

Moreover, the Centre services include training seminars, psychometric and psychoeducational assessments, development and implementation of preventive programmes.

#### 6. Career office:

The Career Success Centre supports students and alumni in their career development and job placement.

The Career Advisor consults students in matters such as employment sectors, CV preparation, Job and Internship Opportunities, interview preparation and decision making matters.

#### 7. Service linking the institution with business

The Medical School has numerous services and partnerships linking with employment market.

#### 8. Mobility office:

All students and full-time staff can participate in all schemes of the Erasmus+ program.

Moreover, Doctoral Students and Postdoctoral Researchers may receive funding for international mobility enhancing their academic pathways.

#### 9. Student clubs/organisations/associations:

UNIC offers a variety of leisure clubs that cater to diverse interests. Moreover, the Welfare Service develops a Calendar of Activities on a yearly basis and is published online at the beginning of each academic year.

There are also numerous International Student Associations and a Student Union.

#### 10. Other services:

Student Identity Card - The Student Identity Card is issued for all UNIC students and offers several benefits.

Visa for international students - The International office guides the prospective international students in relation with all necessary documents that need to be filled out and the procedures to be followed through the government authorities.

Medical Student Induction/Orientation Program - All new Medical students will be introduced to the Medical School curriculum, policy and activities during the Medical Student Orientation Program which will take place the week before classes start.

Housing Office - UNIC student residences comprise three distinct complexes offering 858 luxury studio apartments. Each residence is equipped with a range of facilities and services.

#### **Areas of improvement and recommendations**

None identified.

### **3. Infrastructure**

All sections graded as satisfactory.

#### **Findings**

The infrastructure was presented with all relevant physical elements and otherwise. The library is large and open after hours/during the weekends for students. Besides many working places, there is an area to relax.

#### **Strengths**

All technological and physical prerequisites appear to be in place and working.

#### **Areas of improvement and recommendations**

None identified.

#### **UNIC Response:**

With respect to the Building Facilities, Student Welfare Services, and Infrastructure, we are pleased to note that the experts have not indicated any areas of improvement, and that the building facilities were deemed to have successfully covered the CYQAA requirements.



## 1. Institution's Academic Profile and Orientation

### Sub-Areas

- 1.1 Mission and strategic planning
- 1.2 Connecting with society
- 1.3 Development processes

### Quality indicators/criteria Findings

**1.1 Mission and strategic planning:** There is a well articulated mission, values, and strategic plan both for the Nicosia parent and branch campus which is in the later stages of development.

**1.2 Connecting with society:** UNIC captures rich information relating to its alumni on an annual cycle. We have heard how information is less forthcoming as careers develop. To truly maximise on this resource, a more active approach may be needed, moving to “alumni engagement” and elements such as planned in-person visits, as part of international travel, are certainly to be applauded. We feel that more data - for example relating to research activity, would provide a useful additional stream to alumni data.

**1.3 Development processes:** As we have highlighted elsewhere as part of the visit, there are additional benefits to be realised through the creation of university hospitals. Recruiting high-achieving clinical academic is likely to rely on creating joint positions across clinical specialties in (primary or) secondary care, alongside the university role (e.g. Head of Hospital Department alongside University Department).

### Findings

We are satisfied that UNIC Medical School has a diverse and established mix of faculty and administrative staff alongside a tailored schedule of programmes related to the MD programmes.

PhD programmes (outside the remit of this visit) support the growth of the faculty, both through opportunities for educators and for research-active staff. As a maturing school, we feel that its strategic direction will require significant investment in research, which should be crafted through a more explicit research strategy, supported by strong input from both external and internal stakeholders.

### Strengths

The school has an engaged and secure staff base who work collaboratively to support innovative practice, as evidenced by the development of the new 6-year MD programme.

A re-alignment with local hospitals for early and mid-years clinical training provides opportunities to re-explore joint appointments, to benefit the university and local health provision.

### Areas of improvement and recommendations

None identified

UNIC response:

We thank the External Evaluation Committee for their constructive assessment of the Medical School and for their valuable recommendations throughout.

With regard to the academic profile and orientation of the Medical School, we are pleased to note that no areas of improvement were identified and that each of the criteria were scored with a four or five (on the five point scale).

With regards to the maturity of the School and developing research, we welcome the opportunity to clarify that the Medical School Research Committee in collaboration with the constituent Department of Basic & Clinical Sciences and Department of Primary Care & Population Health, has a consolidated, formal Medical School Research Strategy (MSRS). The existing MSRS will be updated in 2026, as an interim 'refresh', undertaken by a Research Strategy Steering Committee including the Heads of Departments and the Associate Dean for Research, and supported by discipline-based working groups and a research-focussed member of the International Advisory Board.

To encourage enhanced data collection about the progress and successes of our alumni, we have implemented three further processes: 1, enhanced the Graduate Survey so that alumni can showcase their research output; 2, the recent appointment of an Alumni Officer, providing graduates with a direct contact point, through which we can strengthen the collection of data about our alumni; and 3, developed a record of our graduates' Research achievements with liaison between the Careers and Alumni team and the Research team, who both receive this information through their work.

The EEC rightly note that the development of University Hospitals can provide fertile ground for joint clinical academic posts. The University of Nicosia Medical School has been actively contributing, in collaboration with the other Medical School in Cyprus, to the development of the legislation governing university clinics and university hospitals.

Sub-Area	Non-compliant / Partially Compliant / Compliant
1.1 Mission and strategic planning	Partially Compliant
1.2 Connecting with society	Compliant
1.3 Development processes	Compliant

## 2. Quality Assurance

### Sub-Areas

#### **2.1 System and quality assurance strategy**

#### **2.2 Ensuring quality for the programmes of study**

### **Quality indicators/criteria Findings**

**2.1 System and Quality Assurance Strategy:** No deficiencies noted

**2.2 Ensuring quality for the programmes of study:** While we feel that all areas are compliant, support for students with special needs and/or neurodiversity has not as yet been discussed in detail.

### **Findings**

The quality assurance process with respect to the MD programmes and faculty performance and development are exemplary. UNIC-Health provides a health-oriented autonomous structure for many purposes of the university, which has supported a nimble approach to development and improvement.

### **Strengths**

The QA process as a whole, with annual reports feeding into periodic programme review and CYQAA processes is a strength.

### **Areas of improvement and recommendations**

The quality assurance process and collaborative approach to curriculum development has provided for a modern future-focussed 6-year programme, which has harnessed the enthusiasm and collaborative approach of current faculty. Maintaining this enthusiasm and engagement is important but it needs to be balanced by manageable workloads for sustainability.

We have heard how student feedback is captured, considered, acted upon and outcomes communicated to students on a regular basis. While this is a highlight, it is a shame that staff reward, for example through student-nominated awards, is a little limited by student engagement. We encourage the institution to consider how this might be improved for the future.

### UNIC response:

The EEC's comments regarding the Quality Assurance processes in place and specifically noting them as a strength, are appreciated.

There are systems in place at the Medical School, to provide comprehensive student support, including tailored support for students with special needs and/or neurodiversity. These are provided initially through the UNIC Health Student Health Services team, who are then able to guide students to more nuanced support based on their individual needs.

**The quality assurance process and collaborative approach to curriculum development has provided for a modern future-focussed 6-year programme, which has harnessed the enthusiasm and collaborative approach of current faculty. Maintaining this enthusiasm and engagement is important but it needs to be balanced by manageable workloads for sustainability.**

We thank the EEC for commending the collaborative approach and enthusiasm of the academic team, and agree that continued enthusiasm and engagement are important. As a general rule, and as noted in the faculty handbook, full-time faculty members are expected to be involved in teaching, research, and service/administrative functions as follows: 20% Teaching and Assessment, 40% Research, 40% Administrative roles and other academic responsibilities, including curriculum enhancement and development. This equates to a maximum seven hours of teaching during term time (the average is five hours). Workload is carefully monitored to ensure that the balance of responsibilities remains appropriate and support is provided, where necessary.

The new curriculum will be implemented in a stepwise manner. This stepwise approach allows the academic team to coordinate activities effectively for each year, with the curriculum development team maintaining oversight. Responsibilities for implementation have been clearly defined.

**We have heard how student feedback is captured, considered, acted upon and outcomes communicated to students on a regular basis. While this is a highlight, it is a shame that staff reward, for example through student-nominated awards, is a little limited by student engagement. We encourage the institution to consider how this might be improved for the future.**

We thank the EEC for acknowledging the well-coordinated mechanisms for student feedback. We agree that recognizing excellence through the student-nominated awards is important, and to this end, we established the Student-Led Excellence Awards (SLEAs). Its objective is to enhance the relationship between staff and students by recognising excellent performance and encouraging both faculty and administrators to continue working towards further improvement of the student academic and non-academic experience. Working closely with the MSSS, Student Services and the Associate Dean for Students, campaigns, including through social media and increasing awareness in teaching venues through QR codes, have been initiated to disseminate the information and encourage student participation.

There are additional routes through which faculty and staff receive tangible benefits and reward. Some examples include an annual bonus scheme (whereby administrative managers and Heads of Department recommend those that have distinguished themselves); monetary reward to faculty per research publication; and through the provision of post-doctoral fellows and PhD students with full coverage of tuition and in some cases stipends.

Sub-Area	Non-compliant / Partially Compliant / Compliant
2.1 System and quality assurance strategy	Compliant



2.2 Ensuring quality for the programmes of study	Compliant
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### 3. Administration

#### Quality indicators/criteria Findings

**3. Administration:** No deficiencies noted

#### Findings

The UNIC Medical School has a strong administrative team that allows for all necessary procedures to run smoothly according to process. Staff were very supportive of each other and of working practices during our conversation during the visit. This is further evidenced by the nature of staff - with the newest administrator present having been recruited in 2019!

Many of the processes were established to support a modest student cohort. We have heard how these have evolved with student expansion - but some of the personal touch will have been lost through this change (for example with the move to plenary induction sessions and providing more information for students to digest rather than using more active means for sharing at induction).

This needs to be monitored and actively supported to prevent impacting student experience.

#### Strengths

The external advisory board described how all members of the administrative (and academic) staff are encouraged to contribute - that the relatively flat structure does not stifle innovation in more junior team members.

Student representatives form part of all appropriate governance committees and these representatives actively disseminate appropriate information with the broad student body.

We note that the current scheduling system is based on an XLS spreadsheet, but a recently procured system - timetable - is about to be implemented through a rapid process of procurement and implementation.

#### Areas of improvement and recommendations

None identified

#### UNIC response:

We are pleased that the EEC recognised the strong, supportive administrative structure and highlighted our effective team collaboration, the inclusive governance practices, and our proactive approach to developing processes and systems. We monitor our administrative provision, for example through the analysis of student feedback and in person through focus groups, to ensure that it remains appropriate to the size of the School.

Sub-Area	Non-compliant /
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	<b>Partially Compliant / Compliant</b>
3. Administration	<b>Compliant</b>

## 4. Learning and Teaching

### Sub-Areas

#### 4.1 Planning the programmes of study

#### 4.2 Organisation of teaching

### Quality indicators/criteria Findings

#### 4.1 Planning the programmes of study: N/A

#### 4.2 Organisation of teaching: N/A

### Findings

The entire process for planning of the MD program and the organisation of the teaching was explained during the site visit. A five-year program gives credit to those with prior formal education in the life sciences. A process for receiving students from other medical schools is in place.

### Strengths

The system of yearly feedback and review of the program allows the Medical School to adapt to changes in the subjects (e.g. climate change, AI/digital health) and teaching content/methods (e.g. more learning, less teaching) in a preset, formal and transparent way.

### Areas of improvement and recommendations

No obvious deficits could be identified.

### UNIC response:

We are pleased that the EEC recognised our clearly structured planning and organisation of the MD programme, acknowledging both our approach to student admissions and our commitment to adapting curricula through systematic annual reviews. We particularly appreciate the EEC highlighting as a strength our responsive and transparent approach in continuously updating the content and methods of teaching to meet emerging developments and challenges.

Sub-Area	Non-compliant / Partially Compliant / Compliant
4.1 Planning the programmes of study	Compliant
4.2 Organisation of teaching	Compliant



## 5. Teaching Staff

### Quality indicators/criteria Findings

**5. Teaching Staff:** We feel UNIC could benefit more from a broader, larger visiting professor base. Similarly, we note that some of the clinical teaching staff, while compensated for their time, are not part of the university structure and do not have a formal appointment. This requires careful oversight in the long-term.

### Findings

Those faculty who are UNIC employees appear highly motivated and receive effective induction. They receive yearly feedback and are involved in the content of the MD program (process run by UNIC Health QA). For the clinical teaching, physicians at the hospitals are involved and compensated for their time. This is overseen by site representatives and year coordinators.

Translators on site are provided to help with the non-English speaking Greek patients, we comment further on this process within the associated MD report.

### Strengths

The entire process of onboarding, providing support/continuous education and feedback is best practice.

### Areas of improvement and recommendations

Students describe variations in clinical teacher engagement between the teaching sites, particularly in the later years of the current MD programme. This needs a process of continuous evaluation and improvement, possibly through a more explicit mechanism of faculty development.

We have raised student-voiced concerns around the use of translators in the accompanying MD report.

### UNIC response:

We thank the EEC for recognising that we have highly motivated faculty and that our processes to support them are considered best practice. Further, we are pleased that the EEC found the sub-sections of the quality indicators / criteria to be compliant throughout.

We thank the EEC for their recommendation about expanding the pool of visiting Professors. In the last few years, we have been increasing the number of visiting appointments to include international experts that support the School's research strategy as well as specific areas of teaching and learning. We continue to expand this pool of visiting academics, both to enhance existing activity as well as to develop new areas of interest in both education and research.

We note the comment in relation to some clinical teaching staff. The role of clinical teachers is greatly valued by the School as they provide the backbone of quality clinical education for our students. In addition to the relevant agreements, these colleagues receive training to support and enhance their educational role. Beyond that, the engagement of the clinical teachers with the School represents a spectrum depending on

their level of involvement and overall interests. These colleagues may be able to apply for clinical ranks and some receive more formal appointments with potential for further development. Overall, our clinical teachers represent an invaluable resource and we are committed to supporting their career aspirations. The emerging legislation for university hospitals will provide an even more structured context for the engagement of clinicians in teaching and research.

**Students describe variations in clinical teacher engagement between the teaching sites, particularly in the later years of the current MD programme. This needs a process of continuous evaluation and improvement, possibly through a more explicit mechanism of faculty development.**

One of the key areas of monitoring in relation to clinical training that we undertake is based on the comparability of provision, including teaching engagement. This monitoring is based on multiple sources, including student feedback and peer review in the context of site visits by the Clinical Education team, and in particular by the Chair of Clinical Education. The role of the Chair of Clinical education, working with the Academic Lead and Specialty leads at the sites, is very important in providing relevant support to clinical faculty and to mitigate such variation.

Moreover, ensuring the consistency in the engagement of clinical teachers across clinical training sites is supported by the University of Nicosia Curriculum Leads. Curriculum leads, each for their own clinical discipline, monitor the learning experience of students across the sites to ensure comparability of learning opportunities and identify any significant variation in clinical teacher engagement. The Curriculum Leads are key members of the clinical education team and work very closely with the Chair of Clinical Education in taking appropriate action and providing specific support to clinical faculty.

In addition to training the clinical teachers as part of the initial development of clinical sites, the School has developed more tailored and individualised training sessions for new clinical faculty. This training encompasses a wide range of topics such as curriculum familiarisation, assessment in the clinical environment including workplace-based assessments & professionalism and providing feedback. We continue to place emphasis on training and development and carefully assess the need for additional/ refresher sessions to address training needs on an ongoing basis.

More recently, at our main sites in Limassol and Paphos, new Academic Clinical Leads have been appointed in line with changes at the respective hospitals. This has received widespread approval from the Specialty Leads and tutors at the sites. The Chair of Clinical Education will undertake a review of their roles at the end of each semester as well as an annual, more formal, performance review, providing good opportunities to assess the level of clinical teaching variation at the site and overall clinical teacher engagement. Furthermore, an increasing number of direct observations of clinical teaching, wherever possible, and peer reviews are taking place.

In cooperation with the other Medical Schools, we believe that the introduction of University Hospitals, bringing with them the ability to make joint clinical academic appointments, would serve to alleviate some of the variance, by bringing the Medical School and clinical sites closer; enhancing the quality of teaching in the clinical environment; and enabling an even more unified approach to training and development of the clinical faculty.

As an interim step we have proposed the appointment of 10 joint clinical academic positions between the Medical School and the hospitals of the State Health Services Organisation (SHSO / OKYPY). This proposal includes a significant Medical School investment towards 10 appointments at the Limassol and Paphos General Hospitals. We have materialized this approach already with the Bank of Cyprus Oncology Center (BOCOC) where we jointly advertised and appointed a clinical academic oncologist who is leading the teaching for our school.

**We have raised student-voiced concerns around the use of translators in the accompanying MD report.**

The EEC have noted that some students have concerns about the existing interpreters systems, and have recommended strongly that the Medical School 'a) encourage students more progressively towards learning the Greek language, and b) restructure the current translator system so that learning for non-native students is guaranteed.' We are determined a) to ensure that all students benefit from the free Greek classes offered by the School, as the development of Greek language skills will enrich their learning opportunities in the clinical years of the programme, and b) that those students that wish to make use of the interpreter system are able to gain benefit from it.

Specifically, we will be monitoring participation in Greek classes as part of the Professional Values and Behaviours domain in order to maintain closer scrutiny and be in a better position to engage students at an early stage in cases of non-attendance; and we will incorporate the Greek classes in the student schedule so that their importance is further illustrated. We have now introduced mandatory Greek language assessments that will track the progress of the students in the early years with the aim of attaining the B2 level before the purely clinical years of the programme for those students who will stay in Cyprus for clinical training. The initial target will be attainment by end of Year 3, with students being afforded another year to reach that level, in time for the start of the final two clinical years in Cyprus.

We continue to strengthen our interpreter system, through additional training in medical terminology, and continuing to monitor their usage closely. Based on any further uptake of the interpreters' services, we will expand the system to include a wider pool of trained interpreters.

Sub-Area	Non-compliant / Partially Compliant / Compliant
5. Teaching staff	Compliant

## 6. Research

### Quality indicators/criteria Findings

**6. Research:** Beside being the #1 in research quality in Cyprus, research output should be a focus for growth given the maturity of UNIC, especially compared to the other two medical schools.

#### Findings

UNIC takes pride in being the leading Academic Institution in Cyprus with a Medical School. They are partners and leads in several EU Horizon projects. Support is provided by UNIC central and the Ministry of Health.

#### Strengths

Research is a part of the MD program as it is part of the proceedings of the faculty. A dedicated wet lab is available plus teaching laboratories next door to it. The basic equipment is good. The recent acquisition is a Zebrafish facility which will be useful for the future, both in teaching and in research.

A PhD program is in place (not reviewed by this EEC).

Research is strong in epidemiology, especially in infectious diseases, also stem cells (induceable pluripotent renal models) and environmental health.

UNIC is joining UCY in making use of the Cyprus Biobank and working together with a Harvard Medical School program in Environmental Health.

Furthermore, both funding and permits for a completely new building on the main campus are in place that will provide even more space for research (e.g. wet lab).

#### Areas of improvement and recommendations

For a faculty of almost 100, the scientific output should grow. Since students request research activities (for their later appointments as a distinction), more (formal) room should be given earlier during the program, when students do not have the heavy clinical duties, which may allow them to allocate more time developing key research skills.

A University Hospital and joint appointments of clinicians (e.g. Professor of Neurology and Head of the Department) would lay the ground for even more (clinical) research. A clinical trial unit would provide the infrastructure to better partake in (large international) trials and investigator-initiated Cypriot trials.

Reinvigorating priorities to recruit high-impact researchers, supporting recruitment by facilities, PhD studentships etc. would further increase the research at UNIC. This, in turn, would address ranking ambitions. The Medical school could take advantage of the other Schools at UNIC creating attractive cross-disciplinary graduate schools.

#### UNIC response:

We thank the EEC for their findings in respect to Research. As the Medical School has matured, there has been a gradually increased focus on research as indicated, for example, by the increase to 40% of time that faculty are now allocated, as standard, to spend on research activity.

We are confident that with the support mechanisms in place, we will increase productivity and enhance our research output further, and that this will be an important indicator of the maturity of the School.

**For a faculty of almost 100, the scientific output should grow. Since students request research activities (for their later appointments as a distinction), more (formal) room should be given earlier during the program, when students do not have the heavy clinical duties, which may allow them to allocate more time developing key research skills.**

Increased research output has been addressed in our Strategic Plan and key to this is the comprehensive support provided to our faculty to enable them to enhance their research activity. Beyond the allocation of 40% of faculty time to research, the School has put in place multiple mechanisms to support faculty research including opportunities for internal seed funding, postdoctoral fellowships, PhD studentships & laboratory assistants, as well as providing ongoing comprehensive support in relation to publication costs, a research recognition policy award & support for international mobility and conference attendance to showcase their research. We also fully recognise the importance of investing in research-focused faculty and new research infrastructure. To that end, we have made recent high-impact research faculty appointments with minimal teaching allocation, have developed labs based on research interest (such as the Zebrafish laboratory) and will see the construction of a new UNIC Health building that will provide excellent, state-of-the-art research facilities.

At the University of Nicosia, there is an expanding body of collaborative research between the Medical School and the other Schools under UNIC Health as well as excellent opportunities to work with colleagues from other Schools and Departments at the University. We also increasingly leverage our extensive international network of clinical partners to promote collaborative research with research-active clinical faculty at these partner sites and this an important area of potential growth.

Our students are also a key focus of our research strategy, both in terms of the development of research skills as well as the opportunity to effectively participate in research and this is reflected in the increasing percentage of Medical School publications involving students. The Student-in-Research programme allows our students to be matched with research projects put forward by our faculty and students are supported to present their work at international conferences, as well as at the UNIC Health student research conference.

Moreover, we have enhanced our curricula with the introduction of research components that can serve as opportunities for research activity and participation in research projects and we welcome the recommendation by the EEC to create such opportunities in the earlier stages of our programmes. This is the case with the Research Project components of the graduate-entry Doctor of Medicine programme as well as the research courses of our postgraduate programmes. The revised MD curriculum has been designed to

enhance student learning in research methods and statistics by allowing students to continue their learning in this stream longitudinally through the programme. For example, in Year 1, as part of the Social Sciences and Research courses students can be given datasets (e.g. quantitative or qualitative data from interviews/focus groups) and will be tasked with data analysis; and they will also have the opportunity to search and critically appraise existing literature for their coursework in the Molecules, Cells, Tissues and Organs courses. These components allow students to apply their research skills early on and develop life-long learning skills such as presentation skills, analytical skills and writing skills. The research skills developed over the earlier years prepare students to engage with the Year 4 Research project, which allows students to either perform a narrative literature review or conduct original research, building on the knowledge and competencies gained in previous years, such as critical appraisal, statistics, research methods, synthesis of knowledge, data analysis and interpretation.

**A University Hospital and joint appointments of clinicians (e.g. Professor of Neurology and Head of the Department) would lay the ground for even more (clinical) research. A clinical trial unit would provide the infrastructure to better partake in (large international) trials and investigator-initiated Cypriot trials.**

We thank the EEC for their recommendation in relation to the opportunities that joint clinical academic appointments could encourage. The University of Nicosia Medical School has been actively contributing, in collaboration with the other Medical School in Cyprus, to the development of the legislation governing university clinics and university hospitals. As noted in section 5, as an interim step we have proposed the appointment of 10 joint clinical academic positions between the Medical School and the hospitals of the State Health Services Organisation (SHSO / OKYPY) in Limassol and Paphos, and have materialized this with a joint appointment of a clinical academic at the Bank of Cyprus Oncology Center (BOCOC).

Over the years, we have been closely collaborating with partner hospitals and we believe that the creation of university clinics and university hospitals will further enhance both the quality of teaching in the clinical environment and the opportunities for research. Specifically in relation to research, we anticipate that the appointments of clinical academic leaders will transform the landscape of clinical and translational research in the hospitals and offer opportunities for collaborative work with partners both nationally and internationally.

We would also hope that in time this could extend to a clinical trial unit that strengthens the research infrastructure available, and could also benefit all three Medical Schools. This would be a key development and would unlock very significant potential for participation in international collaborations and multicentre trials. In anticipation of the university hospital legislation, the Medical School is deepening its existing collaborations with the Cyprus Institute of Neurology and Genetics (CING) and the Bank of Cyprus Oncology Centre (BOCOC) — currently the nation's main trial hubs — by participating in selected multicentre studies, exchanging expertise, and securing training slots for students and staff. When the legislation is finally enacted, the Medical School aims to implement a phased plan for an on-campus clinical research unit, pursue European co-funding, and launch shared fellowship programmes to strengthen its future contribution to clinical research.



Reinvigorating priorities to recruit high-impact researchers, supporting recruitment by facilities, PhD studentships etc. would further increase the research at UNIC. This, in turn, would address ranking ambitions. The Medical school could take advantage of the other Schools at UNIC creating attractive cross-disciplinary graduate schools.

We welcome the suggestion of the EEC and confirm that actions have been taken in this area. Some examples include hiring high-impact research faculty based on aspects such as currently-funded research activity or proven research-leadership track record and who are allocated minimal teaching contributions; supporting faculty through a number of mechanisms including provision of post-doc fellowships and PhD studentships (with full coverage of their tuition fees and in some cases stipends), internal seed funding, and have built laboratories and facilities based on faculty research priorities (e.g., the zebrafish lab).

We continue to recruit faculty with a strong research track record and place emphasis on research activity towards a substantive and transformative effect on the School's research activity and to benefit the School's faculty in their own research aspirations.

We have also developed a strategy to attract prominent international visiting faculty with research activity and interests that align with the research priorities of the School. These appointments have proven of great benefit to both students and faculty. The students benefit from the participation of these faculty in the assessment of research proposals and the supervision of research projects and faculty have significant opportunities for developing and submitting collaborative research proposals and conducting collaborative research.

Whilst there are no specific cross-disciplinary graduate schools at UNIC at this stage, we do have cross-disciplinary research centres that our faculty support, such as <https://www.unic.ac.cy/ehresearch/> and <https://www.unic.ac.cy/el/centres/cenibre/>. We are also starting to harness the benefits of the ethos of One Health, fostering close collaboration between the Medical School, the Veterinary School and the School of Life & Health Sciences. In that context, the Medical School's Doctoral Programme in the Medical Sciences supports PhD projects on topics related to One Health with joint supervision between Medical and Veterinary faculty.

Sub-Area	Non-compliant / Partially Compliant / Compliant
6. Research	Compliant

## 7. Resources

### Quality indicators/criteria Findings

#### 7. Resources: N/A

#### Findings

UNIC-Health has significant autonomy from the rest of the university regarding budget which helps to operate in line with its mission and goals. They have an elaborate process which is managed by the Director of Finance and the EVP Health.

The budget comprises distinct sub-budgets e.g. for assessment, mobile clinics, infrastructure or faculty training. There is a distinctive scheme in place with budget planning in February/March of each year, and the whole process is audited externally on an annual basis. Additionally, they have enough latitude for innovative and/or overarching investments. Huger investments like the new building rely mainly on external fundings/investments.

#### Strengths

Clear processes and ownership of the budget for the medical school. UNIC Health has separate structures from the rest of UNIC programs/schools. Funding (and permits) are secured for a new building for the Medical School on main campus.

#### Areas of improvement and recommendations

Nothing applicable in this section.

#### UNIC response:

We appreciate the EEC's valuable observations and their recognition of our strategic approach.

Sub-Area	Non-compliant / Partially Compliant / Compliant
7. Resources	Compliant



## B. Conclusions and Final Remarks

The Medical school of UNIC is the oldest and most mature of three Medical Schools in Cyprus, all located in Nicosia. As a consequence, there is little room for major or fundamental criticism. At institutional level, the faculty, quality assurance, governance and processes of the school are mature and provide for innovation such as the new six-year MD programme, and work towards the establishment of the Athens Branch Campus.

We would like to commend:

1. The flourishing UNIC-health approach, the synergies that this has created across your health schools and the way that you have used this to leverage changes and systems improvements within the school.
2. The adaptive and streamlined approach you have taken to innovation, and the way in which you have shaped faculty to expand community health, population sciences and primary care since our last visit – to address the future needs of the populations you serve. Environmental Health is particularly notable and recognised as an area of research strength.
3. The dedication and drive of the UNIC community, across professional services and academic staff who work so well together.

In terms of recommendations for improvement:

1. We would urge you not to hide from the weaknesses and threats that exist with regard to the programme. Although some may not yet be in your control, as the most established medical school on the island, you are best placed probably to influence stakeholders.
2. We would encourage you to work with the other 2 schools, through all means possible, to encourage the creation of university hospitals, for the benefit of the Cypriot people and for enhanced synergies with research including clinical trials.
3. Explore the possibility of developing an accredited educator programme –for the benefit of your alumni whom you track magnificently, education fellows and growing population of educators.
4. Ensure that you maximise on opportunities to more formally develop the research strategy as a plinth of your future success. We would advise growing Cyprus expertise on the External Advisory Board in big pharma, biotechnology, and incorporating the influence of an internationally standing research academic to guide the faculty in its future growth and success.
5. Lastly, given the excellent medical school building we have visited in Ellinikon, it will be important to ensure that the future Nicosia Medical School Building being planned is of a similar standing, so that the international market of applicants are equally drawn to both institutions, for future sustainability of both campuses. It goes without saying that this will require considerable investment, but equally provides excellent opportunities for the future.

The EEC thanks the entire faculty of UNIC for a warm welcome and transparent approach to discussions. The CYQAA committee is convinced that UNIC is spearheading excellent training of medical students in Cyprus and will continue to do so.

UNIC response:

We thank the EEC for their considered and valuable evaluation of the Medical School and for recognising many strengths throughout their report, at the same time as providing us with an opportunity to enhance our provision.

- 1. We would urge you not to hide from the weaknesses and threats that exist with regard to the programme. Although some may not yet be in your control, as the most established medical school on the island, you are best placed probably to influence stakeholders.**

As discussed during the meeting we have included external threats that are beyond our control, as indicated by the EEC, such as political instability, regional conflict and the creation of more Medical Schools in Cyprus.

- 2. We would encourage you to work with the other 2 schools, through all means possible, to encourage the creation of university hospitals, for the benefit of the Cypriot people and for enhanced synergies with research including clinical trials.**

We thank the EEC for their recommendation. The University of Nicosia Medical School has worked constructively with the other two Medical Schools in Cyprus, as well as with all relevant stakeholders, to effectively contribute to the development of the legislation governing the relationship between hospitals and academic institutions and the establishment of university clinics and university hospitals, and remains fully committed to doing so.

Currently, there is clear determination on behalf of the Ministry of Health in Cyprus for the proposed legislation to progress through parliament during the next few months and this is firmly supported by key stakeholders, such as the patient organisations. We continue to actively engage with collaborating hospitals to ensure that the necessary prerequisites are in place for clinics and hospitals to achieve the university designation and to make the most of the resulting opportunities.

- 3. Explore the possibility of developing an accredited educator programme – for the benefit of your alumni whom you track magnificently, education fellows and growing population of educators.**

We thank the EEC for their recommendation. The Medical School has developed substantial expertise in education methodology and has identified medical education as one of the main areas of research focus and the topic of one of the School's research teams.

This expertise benefits our faculty through the ongoing professional development programme. At the institutional level, faculty attend the 'Faculty Professional Development Seminar on Teaching and Learning Theory and Practice,' a 36-hour professional development seminar in the areas of contemporary teaching methods, new technologies in learning and online education. Staff development sessions are subject to

review as programmes are developed and new needs are identified. For example, recently, there has been a strong emphasis on training faculty in AI and its impact on education.

We agree that the development of a formal, accredited academic programme in medical education would provide an additional level of training. One option would be to develop this as a Postgraduate Diploma (EQF Level 7). The opportunity to engage with such a programme would provide additional benefits to those involved in delivery of education at the School as well as those aiming to enhance their future career options, such as our alumni.

- 4. Ensure that you maximise on opportunities to more formally develop the research strategy as a plinth of your future success. We would advise growing Cyprus expertise on the External Advisory Board in big pharma, biotechnology, and incorporating the influence of an internationally standing research academic to guide the faculty in its future growth and success.**

We welcome the opportunity to clarify that the Medical School Research Committee in collaboration with the constituent Department of Basic & Clinical Sciences and Department of Primary Care & Population Health, has a consolidated, formal Medical School Research Strategy (MSRS).

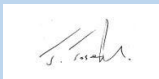


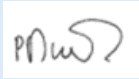


We can confirm that we have already started the process of widening the membership of the IAB to coincide with the proposed expansion of delivery of our programmes at UNIC Athens. In this context, we have added an alumnus of the School and a hospital director to the Board. Moreover, we are in the process of appointing a senior research leader to the IAB, and are considering further key stakeholders from industry. This reflects the central role that research development plays in the evolution of the School and is also related to the great potential for expanding our research activity and scope, linked with the development of UNIC Athens and the associated benefits of new research infrastructure and strategic relationship with a major hospital group.



- 5. Lastly, given the excellent medical school building we have visited in Ellinikon, it will be important to ensure that the future Nicosia Medical School Building being planned is of a similar standing, so that the international market of applicants are equally drawn to both institutions, for future sustainability of both campuses. It goes without saying that this will require considerable investment, but equally provides excellent opportunities for the future.**

Thank you for sharing the EEC's enthusiasm for the new building in Athens. We are aware of the need for the same calibre facilities at both sites, and the new Medical School in Cyprus has received the relevant permits for construction and is currently at the tender stage. It is a purpose-designed facility with extensive provision for research, teaching and learning including new laboratories, large and small group teaching spaces, a library and study spaces.

We wish to convey our thanks to the EEC once again for their constructive and valuable recommendations throughout their visit and in their subsequent report, and look forward to monitoring all of the actions that have been put in place as a result.

### C. Higher Education Institution Academic Representatives

<i><b>Name</b></i>	<i><b>Position</b></i>	<i><b>Signature</b></i>
Prof Joseph Joseph	Associate Dean for Academic Affairs; Chair of Clinical Education	
Prof Edmund Neale	Clinical Education Coordinator (UK)	
Dr Danagra Ikossi	Director of Postgraduate Medicine	
Prof Aleksandar Jovanovic	Head of Department of Basic & Clinical Sciences	
Prof Photos Hajigeorgiou	Associate Head of Department of Basic & Clinical Sciences	
Dr Eleni (Lina) Tolma	Head of Department of Primary Care & Population Health	
Dr Annalisa Quattrocchi	Associate Head of Department of Primary Care & Population Health	
Prof Paola Nicolaides	MBBS Programme Director	
Dr Persoulla Nicolaou	Associate Dean for Students; MD Programme Director	
Dr Danny Alon-Ellenbogen	MD Programme Assistant Director	
Dr Chloe Antoniou	GEMD Programme Co-Director	
Prof Louis Loizou	GEMD Programme Co-Director	
Dr Dionysios Vaidakis	MSc Family Medicine Programme Coordinator	

Dr Souzana Achilleos	MPH Programme Coordinator	
Dr Elena Critselis	MSc HSA Programme Coordinator	
Dr Nicoletta Nicolaou	PhD Programme Director	

**Date:** 17 June 2025

