



21st November 2017

Professor Mary Koutsellini
President
Cyprus Agency of Quality Assurance and Accreditation in Higher Education (DI.P.A.E.)
Lemesou Avenue, 5
2112 Lefkosia

Dear Professor Koutsellini

**Re: External Evaluation Committee Report (300.1.1)
Program of Study: Master of Public Health
University of Nicosia Medical School**

We would like to thank the External Evaluating Committee (EEC) for the time spent at the Medical School on Friday 27th October, and for their prompt feedback and suggestions on our Master of Public Health (MPH) programme.

We are very glad to see that the committee has evaluated positively our programme overall, with an average score of 4.3, and that they have recognised a number of its strengths, based on the applicable Quality Standards and Indicators Criteria. We believe that the score reflects the comment of the EEC, that they expect the programme to have “an important input” in the society.

On the following pages, we include our response to the Findings of the EEC based on how the comments are set out in the External Evaluation Report (pages 6-11) with reference to the relevant criteria that they relate to. We have responded to those criteria that were graded as “non-satisfactory” (receiving a score of 2) of which there are only two.

We have also included a response to those criteria with a score of 3. Although these are deemed as “satisfactory”, we very much welcome the suggestions and comments of the EEC relating to these areas. These provide us with an opportunity to strengthen the programme, and improve the quality of our provision, further.

Where criteria from different sections have been linked by a common comment from the EEC, we have combined our response to those criteria. In all instances we have provided, in parentheses, the score provided by the EEC along with the criteria.

Finally, at the end of the response, please find a concluding summary.

1. Effectiveness of Teaching Work – Available Resources (Report pages 6-7)

Average section score: 4.28

1.1 Organisation of Teaching Work

We are pleased to see that the EEC considers the overall structure of the MPH effective and that the structure is supporting the achievement of all of the MPH objectives. We thank the EEC for their suggestions relating to the expansion of elective courses, specifically with their recommendation to develop elective courses that are relevant to Cyprus and the region, such as issues arising from migration and population movements, health-related problems arising out of tourism in Cyprus, as well as the burden of disease in the Mediterranean region. We consider these as important additions to our programme and have already started planning including additional elective courses to address the above topics. In response to the EEC's suggestion, we have enhanced the "Health Protection and Promotion: Safeguarding and Maintaining Wellbeing in Populations" course (MPH-513). Specifically, we cover the process of developing and implementing health protection and promotion programmes in the context of population movements due to recreation (e.g. tourism), relocation, and forced migration. We have enclosed the revised MPH-513 Study Guide as Appendix 1 (please see section 13 of the guide).

1.2 Teaching

We thank the committee for their suggestions on improving our teaching material. The committee has noted that they visited the DL technical supporting facilities and that they viewed the presentation slides in relation to a different programme, which was not a programme of the Medical School. Therefore, any feedback provided by the committee as regards teaching material and learning activities is based on the programme viewed, rather than the MPH programme. Nonetheless, we welcome the committee's recommendation of including as many interactive asynchronous activities as possible by using all the available technology and tools. We provide a more detailed response on the issue of teaching material and learning activities below.

The response below relates specifically to the following relevant Quality Standards and Indicators Criteria:

1.2.5: Educational activities which encourage students' active participation in the learning process, are implemented (3);

2.1.4: The program's content, the methods of assessment, the teaching materials and the equipment, lead to the achievement of the program's purpose and objectives and ensure the expected learning outcomes (2); and

5.8: Teaching materials (books, manuals, scientific journals, databases) comply with the requirements provided by the long distance education methodology and are regularly updated (3)

We would like to bring to your attention that although we had online teaching and assessment materials ready for evaluation during the accreditation visit, these were not reviewed by the EEC. As a Medical School we maintain robust quality assurance processes and protocols, and our learning material follows international recommendations for DL

delivery. The specific Distance Learning Unit guidelines that were provided as part of the application submitted (pages 316-430 of the application) set out best practices, pedagogic considerations and an e-learning code of practice. These were followed by the Programme Director and used as the basis for his review of all of the learning materials provided. We strongly believe our teaching materials are detailed and comprehensive comprising of both synchronous and asynchronous learning activities, with special emphasis on constant student-tutor, student-material, and student-student interaction. Our methods of assessment are thorough and are described in great detail in the MPH Scheme of Assessment, which was provided to the committee in advance of the visit and is also available online via Moodle.

We provide here an opportunity to evaluate our materials and our Scheme of Assessment:

Link: <https://courses.unic.ac.cy/pages/login.php>

Username: dipae

Password: DIPAE2017

This account has been given access to the following pages:

- Introduction to the Master of Public Health (MPH)
- MPH-511: Principles of Epidemiology and Public Health
- MPH-590: Research Methodology in Public Health

The Moodle page of each MPH course includes the following:

- Course Outline and Study Guide
- Guidelines for Assignments
- Welcome by Course Lead
- General Course Discussion Forum (for student queries and feedback) and Announcements
- Assignment submission links and formative quiz (including feedback to students)
- Guidelines on how to approach the online learning material
- Course content by thematic Section
 - objectives and learning outcomes
 - recorded lectures (asynchronous)
 - bibliography
 - relevant online resources (asynchronous)
 - additional learning activities (asynchronous Q&A Fora, asynchronous Wiki, synchronous Webinars, synchronous online chats)
 - relevant online videos (asynchronous)

The Moodle page of the Introductory MPH course includes the following:

- Quick Orientation (How to use the programme's Virtual Learning Environment)
- Overview & Regulations (Intro to the programme, Handbook, Regulations, etc.)
- Assessment information (includes detailed Scheme of Assessment)
- Support & Services
- Learning Activities Familiarization
- Live Support Sessions information

Additionally, each of the Medical School's programmes has a quality manual that is applied as the basis against which we assess the quality of development, delivery (teaching, learning and assessment) and stipulate requirements for both continuous improvement and periodic review of programmes.

1.3 Teaching Personnel

We are glad to see that the committee considers the qualifications of our teaching personnel satisfactory and fulfilling the criteria for providing high quality teaching for the MPH. We are also pleased to see that the committee considers positively the inclusion of external experts in our teaching personnel.

We welcome the recommendations of the committee in providing training for our teaching personnel regarding techniques for distance learning tools and methods, as well as paying attention to the various backgrounds of the future students and their multinational origin. As discussed with the committee during the accreditation visit, such training programmes have already been implemented for our teaching personnel and we are planning to implement further relevant training prior to the launch of our programme, i.e. an induction course as per the recommendation of the committee.

We also appreciate the recommendation of the committee regarding addressing teaching capacity when student numbers increase in the future. This is something that we plan to address as described to the committee during the accreditation visit. Below we provide a more detailed response regarding the above.

The response below relates specifically to the following relevant Quality Standards and Indicators Criteria:

4.2.7: The teaching personnel are provided with training opportunities in teaching method, in adult education, and in new technologies on the basis of a structured learning framework (3); and

5.3: Through established procedures appropriate training, guidance and support, are provided to teaching personnel, to enable it to efficiently support the educational process (3)

With regards to teaching personnel and the comment in the Findings of the Report that all members (external and internal) of faculty should undertake an induction course on training techniques using distance learning tools and pedagogical methods. The former (i.e. training on e-learning activities using Moodle) has taken place already and this was noted to the EEC at the time of the visit. Please see Appendix 2 - Moodle training certificates.

Regarding the latter (pedagogical approaches relevant to DL delivery), the Programme Director completed a comprehensive one-week training programme on pedagogical methods and Instructional Design Models for Distance Learning Delivery. The specific training programme called 'Train the Trainer' was conducted by the non-profit research and development organization CARDET (Centre for the Advancement of Research and

Development in Educational Technology) and has been accredited by the Cyprus Ministry of Education. Please see Appendix 3 – CARDET training certificate.

The University of Nicosia has recently restructured its distance learning services by creating an eLearning Pedagogical Support Unit (ePSU), as we have informed in previous responses and as was noted to the visiting committee. The ePSU will be responsible for developing similar training programmes, and which will be used to train all tutors involved in the delivery of the MPH programme. It should be noted that both in the case of the Moodle training and the eLearning pedagogical approaches training, external collaborators residing abroad receive the training via videoconference (i.e. WebEx).

A number of the faculty of the Medical School have completed, or are currently enrolled in, the St George's University of London Postgraduate Certificate in Healthcare and Biomedical Education (PgCert HBE). The PgCert HBE programme equips participants with the knowledge, skills and attitudes to become effective teachers in healthcare and biomedical education, and aims to promote reflective practice, scholarship and professional development in teaching. A core outcome is the applied understanding of pedagogical issues related to teaching and supporting the needs of diverse learners. It comprises the following three modules and is Higher Education Academy UK (HEA) accredited:

- Principles of Teaching and Learning;
- Principles of Assessment of Learning & Curriculum Design
- Personal & Professional Development as a Teacher

1.3.9: The academic personnel's teaching load does not limit the conduct of research, writing, and contribution to the society (3)

The EEC notes that a shortage of personnel is foreseen should there be a significant increase in the numbers of students on the programme. The Medical School follows a strictly regulated policy on the number of required student contact hours and administrative workload for all faculty members and, in this way, monitors and regulates faculty workload, taking the appropriate actions to prevent excessive workload. The Medical School, through its Faculty Affairs Committee, as well as at all relevant programme committees, makes plans for the recruitment of new faculty and administration in order to accommodate student numbers per programme.

2. Program of Study and Higher Education Qualifications (Report page 8)

Average section score: 4.56

We are pleased to see that the committee evaluates favourably the purpose, objectives, learning outcomes, structure, content, quality assurance, and management of our programme, as well as its international dimension and connection with the labour market. The recommendation regarding the development of further elective courses is covered above.

The response below relates specifically to the following relevant Quality Standards and Indicators Criteria:

2.3.2.3: Participation in the processes of the system of quality assurance of the program, is ensured for the students (3);

2.4.1: Effective management of the program of study with regard to its design, its approval, its monitoring and its review is in place (3);

2.4.7: The effectiveness of the program's evaluation mechanism, by the students, is ensured (3); and

5.1: Feedback processes for teaching personnel with regards to the evaluation of their teaching work, by the students, are satisfactory (3)

We appreciate that the EEC has noted that the quality assurance and management of the programme seem to be appropriate. They note that students appear to only evaluate the quality of the teaching and the lectures, not the infrastructure and facilities. We would like to clarify that students are provided with a comprehensive feedback survey that includes both of these items. They are also provided with opportunities to feedback through a system of student representation. Students are represented on all of the relevant programme and school committees to ensure that there are appropriate settings in which they participate. Further details regarding the quality assurance of the programme are found within the MPH Programme Handbook. We also attach here the process for continuous improvement in place that formed part of the programme presentation during the visit (please see Appendix 4, which illustrates the quality management structure).

3. Research Work and Synergies with Teaching (Report page 9)

Average section score: 4.00

We are glad to see that the committee evaluates positively the fact that the teaching staff involved in our programme are involved in relevant research activities and have high motivation.

We appreciate the recommendation for providing opportunities to teaching staff to engage in research and we recognise the importance of this for the purposes of state-of-the art and up-to-date teaching in our programme. We have already set several research opportunities for our faculty, which will be expanded further in the near future. Below we provide further details on this.

The response below relates specifically to the following relevant Quality Standards and Indicators Criteria:

1.3.2.2 The members of teaching personnel for each course have the relevant formal and fundamental qualifications for teaching the course, as described by the legislation, including the following: Publications within the discipline (3)

The EEC notes that the university should adapt its policies “to guarantee more possibilities for research for the faculty” in order to become a centre of excellence. The Medical School has existing arrangements for sabbaticals, Erasmus exchange programmes (for training and

teaching) as well as continuing education. Indeed, many of the faculty have been able to benefit from professional opportunities, such as the St George's University of London Postgraduate Certificate in Biomedical and Healthcare Education, delivered by the School; a policy to fund conference participation and networking for faculty; and active involvement in the International Medical Educators Exchange (IMEX).

As part of the appraisal system at the Medical School, faculty are required to set out their short and long-term plans for publications and research. As noted above, on page 5, the Medical School has in place a policy on the required student contact hours and administrative workload for faculty. This is to prevent excessive teaching workload and allows for faculty to focus time, and due attention, on developing their research output, such as publications.

4. Administration Services, Student Welfare and Support of Teaching Work (Report Page 10)

Average section score 4.17

We are glad to see that the committee evaluates our administration, student welfare and support of teaching as being robust.

The response below relates specifically to the following relevant Quality Standards and Indicators Criteria:

1.1.4.4: Adequate and modern learning resources, are available to the students, including student welfare (3); and

4.1.1: There is a Student Welfare Service that supports students with regards to academic and personal problems and difficulties (3)

In reference to student health, the report notes (on page 10) that, "during the site visit, nothing was mentioned about this in the student welfare office". We are unclear about this comment since the EEC did not visit the Student Welfare Office and nothing was raised in relation to this. Nonetheless, the Medical School's Registrar, who is the lead for Student Support and Welfare at the School was available throughout the day and took part in the meetings.

The EEC suggests that the School is proactive *vis-à-vis* students who are experiencing problems. Details of the support available to students is set out in the MPH Programme Handbook (Section 5.4.2 Student Support and Welfare in the handbook, as well as 13.2.4 the School-wide Student Affairs Committee). The Handbook has been provided to the EEC.

2.2.9 Flexible options / adaptable to the personal needs or to the needs of students with special needs, are provided (3)

The EEC further noted, on page 10 of the report, that it wasn't clear if support was available for students with disabilities. The University of Nicosia has long-established procedures and guidelines for students with disabilities. These can be found on the following webpages:

- <https://www.unic.ac.cy/student-life/useful-resources/student-handbook/safety-and-security/procedures-students-disabilities>
- <https://www.unic.ac.cy/student-life/useful-resources/student-handbook/safety-and-security/guidelines-documenting-learning-disability>
- <https://www.unic.ac.cy/student-life/useful-resources/student-handbook/safety-and-security/guidelines-documenting-physical-disability>

Over and above the existing processes, the Medical School has in place a Disabilities Officer who works with all students with a disability. Additionally, we have an Educational Psychologist who works with all students with learning disabilities specifically. For distance learning students, this support is provided online, via videoconferencing, or via teleconferencing.

The report states that the DL Unit has only eleven staff and felt that this was not sufficient in relation to the number of students on Distance Learning programmes. As per the presentation provided by Professor Vrontis (Executive Dean of Distance Learning) on the morning of the visit, the DL Unit comprises a team of 37 (please see Appendix 5 which lists the names of all DL Unit employees).

4.3.4: Student tuition and fees are consistent to the tuition and fees of other respective institutions (3)

We wish to clarify the point raised by the EEC in relation to student fees that was discussed between the students and the EEC during the visit. Since the visit was in relation to a new programme there are no existing MPH students, hence, the Medical School provided the EEC with an opportunity to meet with students from its Master of Science in Family Medicine and its undergraduate MBBS programme. Arrangements for the fees of these programmes are different from those that have been stipulated for the MPH programme, since the latter will be delivered wholly via Distance Learning.

5. Distance Learning Programs (Report page 11)

Average section score 3.87

We thank the committee for their recommendations regarding enhancing the distance learning teaching experience with further interactive asynchronous activities, as well as by using all available DL techniques and tools. Although the feedback provided by the committee, with respect to this, is based on the evaluation of a different academic programme, all of the points highlighted by the committee are appreciated and well taken.

We would like to assure the Agency that our DL teaching techniques follow international criteria and recommendations and consists of both synchronous and asynchronous activities. We welcome the committee's recommendation of providing as many asynchronous activities as possible, utilizing all available technology, and will ensure that this is implemented in our programme.

The response below relates specifically to the following relevant Quality Standards and Indicators Criteria:

1.1.4.5 Adequate and modern learning resources, are available to the students, including academic Mentoring (2); and

5.5: Adequate mentoring by the teaching personnel, is provided to students, through established procedures (3)

In the details on page 11 of the Report, there is reference to the lack of a personal tutor having been assigned to a postgraduate Family Medicine student. As noted during the closing meeting, for the Family Medicine programme, the School has left the opportunity for having a Personal Tutor open to its students. Since all of the students are practising doctors this has, to date, been felt to be sufficient. They are mature working professionals who have the capacity to manage their educational workload alongside their clinical commitments, and are fully able to seek further guidance as required. Indeed, many of the students consult with the Programme Director when they consider it to be necessary, and, with the limited number of students on the programme, this has proved to be adequate to date.

Related to this, the EEC note that the Personal Tutor should provide guidance on the students' thesis subject selection. According to our policies and protocols, however, the Course Lead of the Research Project course (in both the Family Medicine and Public Health programmes) is responsible for this.

Nonetheless, following the recommendation of the EEC, we shall be implementing an Academic Consultation Scheme, adapted from our existing Personal Tutor Scheme to best fit with both mature learners and DL students.

1.1.8: Control mechanisms for student performance are effective (3); and

5.4: Student performance monitoring mechanisms are satisfactory (3)

A number of mechanisms are in place to support those students whose academic performance and/ or attendance raises concerns.

The Programme Director takes an overview of students' academic progress and monitors this regularly. Statistical data is collected via the Learning Analytics Tools in Moodle, which is used for monitoring student engagement with the learning material and activities. In cases where evidence of low engagement with the material and activities is noted, specific students will be sent notifications by the Course Lead (or Programme Director in case the phenomenon is extensive and systematic), prompting them about increasing their engagement with the material and participation in online activities, highlighting the importance of this in the learning process and success in the programme.

Academic progress is also monitored regularly by the Course Leads throughout the delivery of their course. Thus, the Director advises members of staff if a student's personal difficulties are having an adverse effect on his or her ability to attend the course or may impact on their academic progress. When serious problems arise, the Programme Director

contacts the student directly to discuss their progress and to facilitate any necessary support.

Formative assessments throughout each course enable the faculty to understand how students are performing and facilitate where academic mentoring or support is required. Any students failing any part of any assessment (formative or summative) will receive feedback. Students who fail summative assessments are required to meet, via videoconferencing, with an academic member of staff to discuss their progress, for example the Programme Director and/or relevant Course Lead, who are able to assist with specific areas of learning and assessment.

For any self-referral, students can request a video-meeting or teleconference with the Programme Director, Dr Alexandros Heraclides, and/ or the Associate Dean for Academic Affairs, Dr Adonis Ioannides, to discuss any issues of an academic (or non-academic) nature.

1.1.4.3: Adequate and modern learning resources, are available to the students, including Infrastructure (3); and

5.15: The students and the teaching personnel have access to the necessary electronic sources of information, relevant to the program, the level, and the method of teaching (4)

The final suggestion of the EEC relates to the online interface between the University and the Medical School. The Medical School maintains its own electronic resources and systems which fully serve the needs of its diverse student body and staff. We welcome the suggestion of the EEC to enhance this.

In conclusion, we wish to thank the External Evaluating Committee once again. We are pleased with the overall assessment provided, and are very grateful for the EEC's valuable and thorough evaluation.

We appreciate that the EEC noted that the structure of the programme is effective and that the syllabus and overall content are well-designed and well-prepared. We are pleased that the EEC feel that holders of the MPH degree will be in a 'favourable position' within the local workforce.

At the same time, we welcome their constructive recommendations for improvement which we believe will enable us to enhance further the programme.

We trust that the details contained herein respond to the items raised in the EEC's Report and look forward to hearing from you following your consideration of the above.

Executive Dean