

Doc. 300.1.2/1

Date: 16 June 2025

Medical School's Response (Basic Medical Education)

- **Higher Education Institution:**
University of Nicosia, Cyprus
Town: Nicosia
- **Programme(s) of study under evaluation**
Name (Duration, ECTS, Cycle)

In Greek:

Ιατρική (6 έτη, 360 ECTS, Πτυχίο)

In English:

Doctor of Medicine (6 years, 360 ECTS, Undergraduate medical degree)

- **Language(s) of instruction:** English
- **Programme's 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].

Guidelines on Content and Structure of the Report

- The Medical School based on the External Evaluation Committee's (EEC's) evaluation report on Basic Medical Education (Doc.300.1.1/1) must justify whether actions have been taken in improving the quality of the programme of study in each assessment area and sub-area.
- The Medical School must respond on the following:
 - the deficiencies under the findings and areas of improvement
 - the recommendations, conclusions and final remarks noted by the EEC.
- In particular, for each sub-area the Medical School must state the actions taken to comply with the standards **and** provide evidence i.e. the appropriate documentation/policies/minutes/website links/annexes/etc. It is highlighted that the evidence must be provided by indicating the exact page where the information is and **not** as a whole document.
- The Medical School's response must follow below the EEC's comments, which must be copied from the external evaluation report on Basic Medical Education (Doc. 300.1.1/1).

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A. ASSESSMENT AREAS

1. MISSION AND VALUES

Findings

The medical school of the University of Nicosia has a clearly stated mission with four pillars: education, research, social responsibility & service to society, and internationalisation. It tailors to the school's focus and tradition so far. At UNIC, they do not only believe in the best teaching possible but also, in the respective training of staff. Additionally, they strongly emphasise students' well-being. Besides the classical pillars of teaching and research, the medical school also recognises and celebrates the importance of community outreach and the benefits of international connections.

The mission guides the curriculum design, assessment strategies, and the continuous quality assurance (QA) process. It is used as a foundational reference in the formulation of policies, programme learning outcomes, and faculty development. It also directly informs decisions made by the Campus Programme Committee (CPC) and the Academic Council, particularly in matters of academic integrity, community engagement, and curriculum relevance.

Public access to the mission statement is provided via the Medical School's website and internal platforms such as Moodle. Faculty, students and staff are regularly reminded of the mission during orientation, QA reviews, and strategic planning sessions.

The mission affirms the institution's responsibility toward the healthcare system by preparing graduates who can respond to regional and global healthcare needs, emphasizing ethics, professionalism, lifelong learning, and public health.

Strengths

Clearly defined mission tailored to medical education: The mission explicitly addresses the School's commitment to producing competent, ethical, and socially responsible medical doctors.

Alignment with international standards: The mission and its implementation are aligned with the WFME standards, the European Union Directive 2005/36/EC (as amended by 2013/55), and national quality assurance frameworks (DIPAE and HAHE).

Inclusive development process: The mission was developed with input from a wide range of stakeholders, including academic staff, students, administrative personnel, healthcare partners, and community representatives.

Integration into curriculum design and QA: The mission directly informs curriculum structure, teaching methodologies, and quality assurance procedures through the Programme Committee and Academic Council governance structures.

Community engagement: The mission underscores the role of the Medical School in serving and collaborating with the healthcare community and broader society, emphasizing public health, equity, and responsiveness.

Transparency and accessibility: The mission is publicly available on the University's website and prominently communicated internally through platforms such as Moodle and official documents.

Support for holistic education: The mission promotes values such as professionalism, lifelong learning, critical thinking, and interdisciplinary collaboration, which are embedded in the learning outcomes.

Strategic use in planning and evaluation: The mission is regularly referenced in strategic planning, programme evaluations, and accreditation-related processes, ensuring consistency and goal alignment.

Areas of improvement and recommendations

While the mission is available on internal and external platforms, awareness of its content and significance among students and staff may be limited. Recommendation: Integrate discussion of the mission into orientation programmes, faculty development sessions, and student handbooks to strengthen institutional alignment.

The current mission indirectly addresses public service and global health issues but could make this role more explicit. Recommendation: Clarify the School's contribution to global health, sustainability, and health equity in the mission or associated strategic documents.

There is limited evidence that the mission is evaluated through specific indicators (e.g., graduate outcomes, community impact). Recommendation: Develop a set of KPIs to assess how effectively the mission informs programme delivery, community engagement, and educational outcomes.

UNIC Response:

We are grateful to the External Evaluation Committee (EEC) for their constructive feedback in relation to the six-year MD programme, and for finding the programme compliant in all areas. In each of the sections below we have addressed the valuable areas for improvement and recommendations that the EEC has provided.

While the mission is available on internal and external platforms, awareness of its content and significance among students and staff may be limited. Recommendation: Integrate discussion of the mission into orientation programmes, faculty development sessions, and student handbooks to strengthen institutional alignment.

In respect to the Medical School's mission, we have strengthened the areas in which the mission can be signposted, including in the MD Programme Handbook that is provided to students upon enrolment and within their orientation. We are pleased to confirm that the School's Mission and Core Values are included at the front of the Faculty Handbook that all faculty receive upon engagement, and has been added to the induction that new faculty receive. (Details are attached in Appendices 1.1-1.3).

The current mission indirectly addresses public service and global health issues but could make this role more explicit. Recommendation: Clarify the School's contribution to global health, sustainability, and health equity in the mission or associated strategic documents.

The School's mission encompasses education, research and service to the population. Global health issues are prominent in our medical curricula as well as in our postgraduate programmes in Public Health, Public

Health in Disasters and Family Medicine, and in the School's research activity. Public service is exemplified by the School's University Medical Centres and the extensive network of outreach activities.

We welcome the recommendation of the EEC to strengthen the references to the key concepts of global health, sustainability and health equity in the School's strategic documents. We consider these to be key, interconnected pillars of the central theme of fair, accessible and sustainable healthcare for all, to which the School fully subscribes to. In order to make more explicit reference to this theme, and in the context of our review of mission and values, we have decided to add the following to our core values:

Global health – We are committed to educating healthcare professionals and future leaders who are equipped to address global health challenges, reduce inequities, and promote sustainable healthcare solutions that ensure long-term wellbeing for individuals and communities worldwide.

Moreover, the Medical School's strategic plan which has been developed on the basis of the School's mission and core values, makes multiple references to related and relevant concepts across its four pillars of education, research, social contribution and internationalisation and its specific strategic objectives and actions. Also, the School's vision espouses the concept of One Health, the interconnectedness of human, animal and environmental health, which is very closely related to the sustainability and resilience of health systems and, ultimately the promotion of global health.

There is limited evidence that the mission is evaluated through specific indicators (e.g., graduate outcomes, community impact). Recommendation: Develop a set of KPIs to assess how effectively the mission informs programme delivery, community engagement, and educational outcomes.

We welcome the recommendation from the EEC in relation to evaluating the effectiveness of the School's mission. The School is monitoring closely a number of outcomes, such as the outcomes for our graduates and the relevant metrics, as well as a series of outcomes relating to the School and its programmes through our quality assurance mechanisms. For example, as part of the annual review of programmes and in compiling the programme evaluation reports, overall progression rates, as well as progression based on specific demographics (such as gender, regional background, and disability), are monitored. Further, graduate outcomes are monitored to ensure our graduates secure competitive positions aligned with their career aspirations. Our mission is further evaluated through the Department Strategic Development Plans (SDP). The SDP is in line with the School's mission and its core values and sets out our priorities and targeted actions on the programmes of the department as well as on its strategies for the further development of research activities and output. It also reflects the department's ambitions in relation to the third educational pillar of social responsibility. The SDP identifies strategic goals, objectives and specific actions for each of the three pillars and further the timeframe for completion of each action and responsible person(s). Measures of achievement are included, which allows for monitoring at the Department Councils.

More recently, the Medical School strategic plan has been developed on the basis of the pillars of the School's mission and its core values. It has been specifically designed to allow the evaluation of the effectiveness of specific actions that are addressing objectives and strategic goals relevant to our Mission. This evaluation will be based on the evaluation of the specific measures of achievement that have already

been defined with relevant timelines and responsible academics. This framework already sets the measures of achievement as indicators of performance and we will build on that to develop a more specific set of KPIs in relation to our various pillars of activity as well as appropriately expand relevant objectives and actions.

| Sub-area | | Non-compliant/Partially compliant / Compliant / Not applicable |
|----------|---------------------|---|
| 1.1 | Stating the mission | Compliant |

2. CURRICULUM

Findings

The University of Nicosia (UNIC) Medical School is planning to deliver a modernised and future-looking six-year undergraduate Doctor of Medicine (MD) programme that is structured and aligned with European and international medical education standards. The curriculum is outcome-based, clearly defining the knowledge, skills, behaviours, and professional values students must achieve by graduation. These intended learning outcomes are mapped to WFME standards and EU Directive 2013/55 and are regularly reviewed to ensure relevance to healthcare needs and alignment with the institution's mission.

The new curriculum will be delivered through an integrated model, combining basic biomedical sciences, clinical skills, behavioural and social sciences, and research training across 12 academic semesters. Students will begin clinical exposure early and progressively engage in more advanced clinical placements across a wide range of specialties during Years 4 to 6. A formal elective module in Year 6 allows students to explore specific fields of interest in local or international settings.

Content is comprehensive and includes basic sciences, major clinical disciplines, and public health themes. Research training is longitudinal, culminating in a supervised research project in Year 4. Teaching and learning strategies include lectures, small group teaching, simulations, clinical placements, online platforms (e.g., Moodle), and reflective portfolios. Educational experiences are tailored to the Greek healthcare context, with active engagement from partner hospitals and clinics.

Interprofessional education is a recognized component of the current MD program but appears to rely on shared learning experiences opportunistically during the late(r) phase of the program.

Curriculum governance is robust and involves internal quality assurance mechanisms, stakeholder feedback, and periodic external review with program evaluation reports (PER). Academic staff are involved in regular curriculum evaluation and development, ensuring adaptability and compliance with local regulations and institutional quality standards.

Strengths

The MD programme is fully aligned with the WFME Global Standards for Basic Medical Education (2020), the European Qualifications Framework, and relevant EU directives, ensuring international recognition and graduate mobility. It employs a student-centred educational philosophy, incorporating active learning methods such as team-based learning, flipped classrooms, simulation, early clinical exposure, and community-based learning.

The curriculum includes modern and socially relevant themes—such as Digital Health, Climate and Health, Leadership in Medicine, Professional Behaviour, and Cultural Competency—reflecting innovation and responsiveness to global healthcare trends. The curriculum's restructuring of subjects such as embryology, medical ethics and biochemistry enhances learning by removing unnecessary content and focusing on relevance and integration. Spreading these courses across more years allows deeper understanding and better integration with clinical practice, helping students connect foundational knowledge with its professional application in a more meaningful way.

The programme makes use of its on campus Medical Centre as a model of primary care. There is also, the UNIC centre for Rural Medicine at Ormideia Village, which includes community care and education events supported by the medical school faculty. This is an authentic and inspiring way of modelling societal values to students.

The programme makes use of valuable traditional approaches such as cadaver prosection (plastination models), as well as new technology such as Speedwell, Myprogress and Qubecon.

Areas of improvement and recommendations

While the programme outlines comprehensive learning outcomes across knowledge, skills, and professional behaviours, the explicit alignment of these outcomes with specific competencies required by local (Greek/Cypriot) regulatory frameworks could be strengthened. A clear cross-mapping document linking programme outcomes with national learning objectives and licensing requirements to enhance transparency and readiness for external audits and recognition processes would be valuable. Technology is available (e.g. Sofia) which may be useful in creating and maintaining this data.

Evidence around how emerging health priorities in Greece and Cyprus (e.g. ageing population, migrant health, primary care development) are reflected in the curriculum could be strengthened. This could include, for example, region-specific health challenges and healthcare systems content into core modules to increase contextual relevance and graduate preparedness.

Care should be taken to ensure that content is effectively “stripped out” as part of the inclusion of new, to avoid curricular overload or creep.

Additional time could be valued by students, for example, for research opportunities earlier in the programme.

Students advised us that the translator system does not always work and as such remains an ongoing concern. Limassol translators may be under-resourced. While we understand that translators are not educated to use medical terms, we also understand that some doctors communicate to students in Greek - so there are times when this would be useful. We have heard that non-native students sometimes attend outpatients’ clinics without a translator for several hours; not experiencing any learning progress due to language issues. We therefore strongly encourage the school to 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.

UNIC Response:

While the programme outlines comprehensive learning outcomes across knowledge, skills, and professional behaviours, the explicit alignment of these outcomes with specific competencies required by local (Greek/Cypriot) regulatory frameworks could be strengthened. A clear cross-mapping document linking programme outcomes with national learning objectives and licensing requirements to enhance transparency and readiness for external audits and recognition processes would be valuable. Technology is available (e.g. Sofia) which may be useful in creating and maintaining this data.

We are grateful to the EEC for recognizing the programme's comprehensive learning outcomes across knowledge, skills, and professional behaviours. We agree with the EEC that alignment of the programme outcomes with specific competencies required by regulatory frameworks is important. To this end, the programme objectives and outcomes have been meticulously designed to ensure adherence to the standards and guidelines of the Cyprus Quality Assurance Agency and those of the Hellenic Authority for Higher Education. They were further designed on the basis of the World Federation for Medical Education Basic Medical Education Global Standards for Quality Improvement (2020), which are considered as part of the Agency's evaluation for medical programmes in Cyprus. To ensure that the MD award is recognised as a primary medical qualification at the European level, the programme has been further designed to meet the professional requirements of the EU Directive on the mutual recognition of professional qualifications (2005/36/EC). In the absence of local regulatory frameworks that specifically define the outcomes for medical graduates, the MD programme outcomes and objectives were also informed by internationally accepted guidelines for undergraduate medical programmes, including the UK General Medical Council (2018) and the Tuning project (2008). We welcome the EEC's recommendation for a more systematic approach to demonstrating how the programme's objectives align with accepted guidelines for undergraduate medical programmes. We have started to evaluate the available curriculum mapping software and technology, including Sofia, to support the process of creating a cross-mapping document. This will be coupled with extensive scrutiny from the academic team to ensure its accuracy. We have already used the Tuning methodology (Appendix 2.1: MD Programme Objectives and Outcomes Matrices) to map the programme-level objectives and outcomes to each of the courses and the mapping of programme learning outcomes to international benchmarks will be an important addition to this work.

Evidence around how emerging health priorities in Greece and Cyprus (e.g. ageing population, migrant health, primary care development) are reflected in the curriculum could be strengthened. This could include, for example, region-specific health challenges and healthcare systems content into core modules to increase contextual relevance and graduate preparedness.

We agree with the EEC that a medical curriculum should address emerging health priorities to ensure graduates are prepared for clinical practice. The MD programme has an international outlook and currently includes students from 79 different countries. As such, in the design of the curriculum we have considered global and local health needs. Some examples of emerging healthcare needs in Greece and Cyprus, which are also global healthcare issues, and how they are addressed in the curriculum are provided below.

- **Ageing population.** In line with global trends, Cyprus and Greece have a fast-ageing population. To support student learning, students complete a Geriatric Medicine rotation in Year 6. As early as Year 1, students have placements in nursing homes, which allows them to contextualize their learning in the Integrated Clinical Practice courses in a clinically relevant environment of increasing importance for local healthcare needs. Another example in the curriculum that addresses the healthcare needs for elderly patients is the emphasis on polypharmacy, which is an important issue in elderly patients with polymorbidity. Clinical pharmacology teaching places emphasis on important drug-drug and drug-disease interactions, starting in Year 2 of the programme and more advanced prescribing skills sessions further address this important topic in the clinical years.

- **Non-communicable disease.** Cardiovascular disease, diabetes, obesity, and cancer remain leading causes of premature mortality in Cyprus and Greece. These are extensively covered in the curriculum in the Mechanisms of Disease and Therapeutics courses, which not only emphasize the underlying pathophysiological mechanisms and management but also appropriate prevention strategies. There is a strong emphasis on the biology of cancer starting as early as Year 1 and this is revisited for each of the organ systems in later years. Furthermore, clinical rotations, for example in cardiology and endocrinology, further allow students to familiarize themselves with these diseases, which cause a significant disease burden.
- **Mental health.** According to the World Health Organization, economic austerity, the pandemic, and forced displacement have resulted in increased rates of depression, anxiety, substance misuse, and suicidality. This has increasingly become a local healthcare problem as well. The MD programme has a dedicated module to mental health within the Mechanisms of Disease course in Year 4. Students additionally complete a Psychiatry attachment in Year 5. The basic principles of psychology and the psychological impact of disease are covered extensively and systematically through the Psychology Stream that runs longitudinally through the programme.
- **Migrant and Refugee Health.** Considering the large migrant communities in both Greece and Cyprus, the curriculum has incorporated learning objectives that address the needs of migrants and refugees, for example, screening for communicable diseases, PTSD, intercultural communication skills and the use of interpreters.
- **Infectious Diseases and Antimicrobial Resistance (AMR).** To support student learning in this important healthcare problem, students start learning about microbiology as early as Year 1. As students progress in their studies and learning becomes system-based, infectious diseases are discussed as they relate to each body system. Management approaches, including issues around AMR, are thus extensively discussed. There is also a dedicated module within the Mechanisms of Disease Course in Year 4 (Infection and Defence) that allows students to understand the multisystem effects of infectious disease. Infectious diseases, hospital infection-prevention protocols and surveillance continue to be considered in the Year 4, 5 and 6 clinical placements.
- **Impact of climate change on health and well-being.** The revised curriculum includes a dedicated Stream on Climate Change and Health that runs longitudinally through the programme. This stream examines the health impacts of climate change, for example respiratory, cardiovascular, and mental health effects, as well as implications for perinatal outcomes and vector-borne diseases. Students study mitigation and adaptation strategies, environmental justice, and the responsibilities of healthcare systems in transitioning toward sustainable, climate-resilient models of care.
- **Digital Health.** With the increasing emphasis on technological advances in patient care, the revised curriculum now includes a dedicated stream in Digital Health and Artificial Intelligence (AI). This stream addresses the use of technology and AI in patient care, research, and healthcare delivery. Students explore digital tools for monitoring, diagnosis, and treatment planning, as well as data privacy, security issues, and ethical considerations related to digital platforms. They gain experience integrating digital solutions into clinical workflows and research projects.
- **Primary Care Strengthening.** Considering the reforms in the healthcare systems in Greece and Cyprus and the emphasis on primary care, the programme effectively trains students through dedicated

rotations in Primary Care in their clinical years. In fact, learning through short clinical placements with the emphasis being on the primary care and community setting, starts as early as Year 1.

The mode of curriculum delivery lends itself well to contextualized learning. In fact, case-based learning is emphasized during the learning week. The cases provide a useful vehicle to deliver the content in a clinically-relevant context that addresses emerging healthcare needs and trends. For example, one of the cases may involve a patient in a refugee camp, which will allow students to not only address the underlying pathology but also explore the psychological and social impact of displacement. The curriculum mapping software described above will also provide a more systematic approach to provide evidence of how emerging healthcare needs are addressed in the MD programme.

Care should be taken to ensure that content is effectively “stripped out” as part of the inclusion of new, to avoid curricular overload or creep.

We thank the committee for raising the important potential risk of curriculum overload or creep. As part of the development process of the new curriculum, the development team and faculty members were tasked with identifying learning objectives to be maintained, those requiring revision or simplification and those that would need to be removed entirely from the programme. This process ensured that the curriculum remained up-to-date and made room for new content to align with the evolving needs of the medical profession. For example, the existing curriculum includes two courses in Chemistry and two courses in Physics in Year 1. We have maintained delivery of these important pre-clinical subjects, albeit this has now been re-focused in the revised curriculum to prioritize core knowledge in these subject areas, effectively stripping out a significant amount of material that was not considered core knowledge for a medical graduate. Another example is the integration of the Year 4 Haematology course in the Mechanisms of Disease and Therapeutics course in Year 4, which has allowed us to emphasize core knowledge in this important topic appropriate for a medical student/junior doctor. The implementation of the curriculum is carefully monitored to ensure that delivery is in line with its design. For the delivery of the curriculum in Year 1, planning meetings have already commenced, which include the Emeritus Professor in Medical Education, Programme Director, Associate Programme Director, Year Lead and Course Leads. The development team also continues to have oversight of the implementation of the curriculum to ensure that its delivery is appropriate. This close monitoring will ensure that the potential risk of curriculum overload is also addressed.

Additional time could be valued by students, for example, for research opportunities earlier in the programme.

We agree with the EEC that early research opportunities are important. The revised 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, whereas this important topic was previously taught primarily in Year 1. Each of the courses in Years 1 and 2 include a coursework component as part of the assessment of the courses. We are grateful to the EEC for highlighting the significance of earlier research opportunities in the programme. This has allowed us to reflect on how the coursework components can be redesigned to allow students to engage with research starting in Year 1. 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. For example, in the case of qualitative data, students will be asked to organize, code and categorize data, identifying themes and relationships, interpreting findings, and reporting the results. Students will also have the opportunity to search and critically appraise existing literature for their coursework in the Molecules, Cells, Tissues and Organs courses. These summative coursework 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 will 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. In addition to opportunities to engage with research within the curriculum, the Medical School also provides students with opportunities to participate in research projects, as an extracurricular activity. For example, the Medical School encourages the collaboration of students with faculty in research via the 'Students in Research Programme (SIRP)'. The programme has proven to be successful and has resulted in research output for faculty and students, including conference presentations and publication of their results.

Students advised us that the translator system does not always work and as such remains an ongoing concern. Limassol translators may be under-resourced. While we understand that translators are not educated to use medical terms, we also understand that some doctors communicate to students in Greek - so there are times when this would be useful. We have heard that non-native students sometimes attend outpatients' clinics without a translator for several hours; not experiencing any learning progress due to language issues. We therefore strongly encourage the school to 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 welcome the EEC's suggestion to revisit the issue of language.

Regarding the Greek classes, we continue to make these freely available to all students, and to monitor attendance at each class. Classes are offered at levels A1, A2, B1, and B2 levels of the [Common European Framework of Reference for Languages](#) (CEFR), encouraging students to develop their Greek language skills from Basic through to Intermediate Level.

We envisage the new curriculum, with less direct teaching hours, will provide more time in the week for students to maintain their attendance. Current records show that only 20% of students who started the A1 level classes in October were attending by December. However, of those that do continue, records show that they consistently attend. For example, those undertaking B1 and B2 classes whilst lower numbers at the outset of the year (five and six students respectively), reflect regular attendance from October through till March. To further support students in Years 5 and 6 based at Paphos and Limassol General Hospitals, we offer online Greek lessons scheduled in the afternoons to facilitate their participation.

Taking the above into consideration, we are determined to ensure that all non-Greek-speaking students benefit from the free Greek classes offered by the School as the development of Greek language skills will enrich the learning opportunities for the students in the clinical years of the programme. Specifically, we will monitor attendance 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. Moreover, we will incorporate the Greek classes in the student schedule so that their importance is further illustrated. A key component of our strategy going forward is the introduction of 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.

In respect to the interpreters available at the clinical sites, they are available to students all day, Monday to Friday. Interpreters are available for students during their Year 4 junior rotations, additionally there are two interpreters in Limassol, one in Paphos, and two at the Troodos Hospital, to support students at each clinical site.

We monitor the uptake of the interpreter services using a weekly log sheet. When used, the interpreter asks the student(s) to record the number of hours that they used on the log sheet, and the interpreter then submits the log to the Medical School. This enables us to maintain a record of hours and to be able to evaluate whether additional interpreters are required, and whether there are particular pinch points where their services are required. In the last six months, on average the interpreters have been used for less than 10 hours per week. Nonetheless, bearing in mind the EEC's more general comments, we have committed to developing our overall approach to interpreters further, including through additional training in medical terminology. We will continue to monitor the usage closely, as described above, and based on further uptake of the interpreters' services, we are certainly open to expanding the systems.

| Sub-area | | Non-compliant/Partially compliant / Compliant / Not applicable |
|----------|---------------------------------------|---|
| 2.1 | Intended curriculum outcomes | Compliant |
| 2.2 | Curriculum organisation and structure | Compliant |
| 2.3 | Curriculum content | Compliant |
| 2.4 | Educational methods and experiences | Compliant |

3. ASSESSMENT

Findings

The medical school puts strong emphasis on the importance of assessment and will use a variety of assessment methods in the domains of 1) knowledge, 2) skills, and 3) professional values & behaviours. These include short answer questions and single best answer (SBA) questions, OSCEs, a range of written reports and tasks and a comprehensive Professional Values and Behaviours (PVB) exercise which is ongoing through the years. There is a strategy of employing formative examples of an exam type before summative assessment. Feedback is comprehensive.

Strengths

There is a single assessment team for UNIC-health which acts independently of central university processes and allows for a tailored approach to medical assessment and has driven change nimbly.

We were advised that students have study time available before their end of year knowledge tests (1-2 weeks), which allows them to focus on building their knowledge without missing clinical learning experiences.

A full range of mitigating circumstances, appeals and reasonable adjustments is available and students report feeling confident in liaising with faculty around this.

The new programme has successfully streamlined the programme structure, moving to 9 distinct programmes (from 22) which has simplified assessment delivery. This includes some assessments which evaluate content integrated across several courses (particularly in years 5 and 6) which is commendable.

Lastly, students highlighted the practise of Dr Chloe Antoniou of emailing students with supportive messages around wellbeing during the exam period - this is an excellent example of the care placed on students by faculty.

Areas of improvement and recommendations

We understand that, despite the UNIC-health team delivering assessments in a way that allows tailoring from the central provision, the timing between the first and second (last) sitting of the year is fine (1-2 weeks). This was explained to us as capturing “a bad day” during the first assessment rather than allowing for remediation and improvement. We would see this as something that ideally would be improved, for the benefit of learning and the student experience.

Given the complexities involved in branch campus examinations delivery and associated practice, education and quality assurance, we feel that the time is now right to identify an Academic Assessments Lead to co-ordinate work across assessments, working with course leads etc for the smooth running and continuous improvement of assessment and feedback.

We have also heard that students remain unhappy around travelling between Paphos / Limassol for exams - particularly in the summer, when staying in Paphos, a potential alternative, is expensive. While buses are provided, in high-stress situations we can appreciate why students would raise this - especially for multiple exams in a week. We recognise that this situation will be appeased once the new medical school building is

complete but would encourage UNIC to find a better short-term solution, for example through delivering the online / computer-based in-person exams at both sites.

UNIC Response:

We understand that, despite the UNIC-health team delivering assessments in a way that allows tailoring from the central provision, the timing between the first and second (last) sitting of the year is fine (1-2 weeks). This was explained to us as capturing “a bad day” during the first assessment rather than allowing for remediation and improvement. We would see this as something that ideally would be improved, for the benefit of learning and the student experience.

We thank the EEC for this important point, which allows us to further clarify our practice and timing between examination attempts, as described in the Scheme of Assessment (Appendix 3.1: Scheme of Assessment). Spring Semester assessment results are released two weeks ahead of the start of the resit examination period (Scheme of Assessment, page 13). For the pre-clinical years, where assessment is semester-based, it is also important to note that Fall Semester resit examinations are also delivered in the resit assessment period at the end of the year. This allows students to prepare throughout the Spring Semester and to build on their knowledge during the Spring Semester courses through spiral learning. The resit period at the end of the year, rather than at the end of the Fall Semester, is aimed at providing ample opportunity for students to remediate and improve. In regard to the resit period at the end of the year that re-assesses both Fall and Spring Semester courses, the examination calendar has been carefully developed to assess Fall Semester courses first during the examination period, followed by the Spring Semester courses. This allows students approximately 4 weeks to prepare for failed courses in the Spring Semester. For Years 1-4, students additionally have a third attempt at any failed examination before the start of the new academic year. This offers another opportunity for learning and remediation since students have a few weeks for preparation between the second and third attempts. Considering the high stakes of examinations in Years 5 and 6, students have two attempts at the exams during the academic year; a third attempt entails repeating the year. In preparing to retake a failed assessment, students receive extensive support from the programme academic team, including detailed feedback from their course leads, to support their preparation. This ensures that students are effectively supported to progress in their studies.

Given the complexities involved in branch campus examinations delivery and associated practice, education and quality assurance, we feel that the time is now right to identify an Academic Assessments Lead to co-ordinate work across assessments, working with course leads etc for the smooth running and continuous improvement of assessment and feedback.

We thank the EEC for raising this important point that will ensure that the high-quality assessment delivered in Nicosia will continue to be delivered at UNIC Athens. We would like to clarify that the MD programme has an Academic Assessment Lead, who is responsible for overseeing and coordinating assessment activities across the six years of the programme and the clinical sites. Ultimately, the Assessment Lead has overall responsibility for the assessment strategy and may make recommendations for adaptations to the Scheme of Assessment to the Programme Committee, based on an annual evaluation that considers information from a multitude of sources, including faculty feedback, recommendations from external examiners,

external evaluation visits, student performance, student feedback and latest developments in medical assessment. The MD programme assessment lead will continue to have oversight and coordinate activities across both campuses. Based on the EEC's helpful suggestion, we have established an Assessment Committee, which will oversee the delivery of assessments across the two campuses. This is in addition to existing joint assessment meetings (e.g. blueprint and results meetings) since the assessments in both campuses will be identical. The Terms of Reference and Membership of the Assessment Committee are included as Appendix 3.2.

We have also heard that students remain unhappy around travelling between Paphos / Limassol for exams - particularly in the summer, when staying in Paphos, a potential alternative, is expensive. While buses are provided, in high-stress situations we can appreciate why students would raise this - especially for multiple exams in a week. We recognise that this situation will be appeased once the new medical school building is complete but would encourage UNIC to find a better short-term solution, for example through delivering the online / computer-based in-person exams at both sites.

Supporting students to succeed in their examinations is of the utmost importance for the Medical School. We thank the EEC for recognizing the support we give to students during this time, e.g., through the provision of buses. We have carefully considered the EEC's recommendation, and written exams for Years 5 and 6, will additionally be delivered in Limassol, starting in the new academic year, 2025-2026.

| Sub-area | | Non-compliant/Partially compliant / Compliant / Not applicable |
|----------|--|---|
| 3.1 | Assessment policy and system | Compliant |
| 3.2 | Assessment in support of learning | Compliant |
| 3.3 | Assessment in support of decision-making | Compliant |
| 3.4 | Quality control | Compliant |

4. STUDENTS

Findings

The process of admission, including admitting criteria was explained (and is not changed from the current existing MD programme). Highschool grades (ABB) plus interviews are the regular procedure. UCAT is not currently used for the six-year programme.

Student support services were presented as a key institutional priority, with well-resourced academic, pastoral, financial, and career-related assistance available to students. Students have access to mentorship, reflective tools, and professionalism monitoring as part of a broader support framework. While there is some student representation in feedback and development processes, more formal collaboration with student representatives on the design and evaluation of support services is encouraged.

Students have a formal introduction the first week with their tutor for 1:1 mentorship throughout the entire six years. Each tutor has 5-10 students. From the very beginning, students are aware of their tutors and whom to contact. In years 5 and 6, a second tutor will be added, related to the hospital at which the student is based.

Both administrative staff and students describe the wide range of colleagues who may be contacted, and students seem happy with this flexibility, particularly valuing the “one stop shop” provided by student services and the open-door policy. We were pleased to hear that financial support for students whose personal situation changes during their programme is available.

Despite probing, all students interviewed described valuing how the diversity of students’ nationalities has broadened learning - without evidence of racism, sexism or other unprofessional behaviours towards professional practices (across students, faculty, hospital staff and patients). One student was able to describe an episode that was managed effectively and promptly earlier.

Strengths

In assessment terms, the process is transparent, holistic and clearly aligned with the programme’s mission and international standards. Academic and non-academic criteria are evaluated and a wide range of international qualifications can be used to support the student-centred global approach.

English language proficiency is assessed (to UK equivalence) through internationally-recognised standards.

Each week of the programme will begin with an introductory orientation, e.g. a patient case pertaining to the overarching topic of that week for integrated learning. The entire program is transparent and each student ought to know what is expected of them.

Teaching in the clinical setting (i.e. in the two hospitals) is done in very small groups (typically one clinician, two students). Site-responsible supervisors pick suitable patients, preferably those fluent in English for the (majority of) non-Greek speaking UNIC students.

The students greatly value the accessibility and support provided by university professionals and faculty. The program is structured to ensure that each student receives individualized support throughout their academic journey.

The strong ethos on professional behaviours, both in common practice and through the compulsory PVB assessment shape a supportive environment where compassionate patient-centred doctors can develop and flourish.

Areas of improvement and recommendations

Entry criteria are unchanged from the previous 6-year programme – which is successful and argues against a need for change. The exam attainment for entry, however, is somewhat lower than for other Cyprus programmes, but we would consider the emphasis on the interview at UNIC campuses to be a particular strength. It would be useful to evaluate amongst existing Cyprus cohorts whether a candidate with slightly higher exam attainment at entry was more likely to progress smoothly through the 6-year degree. If so, this would provide an argument for increasing the requirement to equivalent to 18.5/20 in the pan-Cyprian exams, which was the minority preference of the panel

UNIC Response:

Entry criteria are unchanged from the previous 6-year programme – which is successful and argues against a need for change. The exam attainment for entry, however, is somewhat lower than for other Cyprus programmes, but we would consider the emphasis on the interview at UNIC campuses to be a particular strength. It would be useful to evaluate amongst existing Cyprus cohorts whether a candidate with slightly higher exam attainment at entry was more likely to progress smoothly through the 6-year degree. If so, this would provide an argument for increasing the requirement to equivalent to 18.5/20 in the pan-Cyprian exams, which was the minority preference of the panel.

We thank the committee for their comment on the success of the MD programme. We would like to clarify that the requirements for entry are, at least, on par with those of other medical schools in the region. While these are the baseline requirements, acceptance into the MD programme is increasingly competitive as the School grows in broader global awareness. Please note that due to our entry requirements, the majority of applicants are disqualified for entry. We have in fact only invited approximately 5.4% of our applicants for an interview during the latest recruitment period. Further, we would like to clarify that applicants are not expected to complete the Pan-Cyprian examinations, rather that the entry requirement is based on the High School Leaving Certificate (and global equivalents).

Reviewing the progression and graduation rates of our students against the admission criteria, to assess whether they remain appropriate and fit for purpose or whether any adaptation is required, is an important exercise. Our recent statistical analysis, using the Chi-square test, compared progression rates of students/graduates, enrolled in the MD programme from 2014-2023, in two high school diploma score groups (18.0-18.49 vs. ≥ 18.5). Our results did not show significant differences in progression rates between the two groups, suggesting the appropriateness of our academic entry standard and supporting the retention of the existing minimum entry threshold of 18/20. Increasing the threshold may unduly restrict access for qualified applicants. We would like to thank the EEC for acknowledging the significance of the interview as part of our admissions requirements. A binary logistic regression analysis indicated that the interview score

was positively associated with progression. These findings reinforce the value of a balanced admissions process that considers not only academic performance but also interview-based assessment.

We are committed to reviewing student progression against diverse learner characteristics and admissions requirements on an annual basis, as part of the programme evaluation report. The monitoring mechanisms in place allow us to ensure the appropriateness of our admissions criteria and to facilitate support for specific student groups that may need it, for example students with disabilities.

| Sub-area | | Non-compliant/Partially compliant / Compliant / Not applicable |
|----------|---------------------------------|---|
| 4.1 | Selection and admission policy | Compliant |
| 4.2 | Student counselling and support | Compliant |

5. ACADEMIC STAFF

Findings

Staff Induction (“onboarding”) is extensive and includes familiarisation with mission and vision. There is a handbook for orientation and regular training (including in teaching or assessment methods). Peer review of teaching activities as well as observations in exams are regularly installed. There is an annual appraisal system in place as well as clear and transparent information on career paths.

For purely academic staff the distribution of work areas is clearly outlined (40% service & administration, 40% research, and 20% teaching). For clinical staff some load can be reduced; however there does not seem to be a particular scheme for these cases.

Continuing professional development (CPD) is supported through a range of structured activities, including participation in teaching and assessment training, pedagogy workshops, and engagement with international organisations such as AMEE. Staff are encouraged to pursue research and are supported by internal resources and training in research methodologies.

Strengths

Clear and transparent communication around all aspects of the recruitment process. (Relatively) newly recruited faculty describe a friendly and supportive environment. Onboarding is experienced as professional and satisfactory, both the formal and informal parts. Tenure track seems to work and faculty is encouraged to seek higher academic ranks.

The speed and efficiency of HR processes was particularly highlighted and is another example of the UNIC-Health autonomy, noting that HR staff have recently been increased, to support school expansion. Leadership described processes for performance management, including terminating contracts when absolutely necessary.

The peer review process, including peer observation of teaching) appears to be working well.

Areas of improvement and recommendations

There does not appear to be a formal process to reduce the teaching obligations of faculty in case of large research projects, e.g. European grants etc.

UNIC prides themselves to be strong in research, however, research as an element for the recruitment of external (foreign) faculty is not developed to the extent that this was prominently mentioned, despite successes in European and National funding calls.

UNIC Response:

There does not appear to be a formal process to reduce the teaching obligations of faculty in case of large research projects, e.g. European grants etc.

The School invests significant effort and resources in the continuing support and promotion of research activity in line with its mission, strategy and overall aspirations. In line with this approach, and taking advantage of the significant autonomy of the School and UNIC Health, we have defined the responsibilities of faculty in such a way (20% teaching, 40% research and 40% service & administration) so that faculty have the time and opportunity to develop research activity, including networking and collaborative efforts to secure external research funding.

We greatly value the successes of our faculty in securing external funding and we do our utmost to respond to their needs for adjustments so that colleagues can meet their obligations to the relevant funding bodies by appropriately supporting the projects. The internal process of the University of Nicosia for financial planning of projects and resource allocation also takes into consideration the possible need for readjustment of commitments.

This can happen throughout the year but we have also put in place a comprehensive process of annual appraisal which constitutes an excellent opportunity for faculty to discuss in great detail their corresponding commitments and agree a relevant action plan with a senior member of the academic team. The process captures all relevant details of research activity including funded projects and grants as well as the implications, in terms of commitments and responsibilities, of securing large projects. Going forward, we will add a sub-section to the appraisal report, as part of the research grants section, to capture fully the need for any adjustment in commitments (primarily administrative but also teaching) so that appropriate and comprehensive planning can take place.

Even though the faculty teaching commitments are already conducive to the development of effective research activity, the School is putting place additional mechanisms to utilise the necessary flexibility to ensure that the academics and the institution benefit maximally from funding successes. Moreover, the appraisal process has been previously adjusted to include a career aims and aspirations section to allow us to support our colleagues' longer-term goals which could factor in emphasis on research.

UNIC prides themselves to be strong in research, however, research as an element for the recruitment of external (foreign) faculty is not developed to the extent that this was prominently mentioned, despite successes in European and National funding calls.

We agree with the EEC that the recruitment of faculty with a strong research track record and emphasis on research activity can have a substantive and transformative effect on the School's research activity and greatly benefit the School's faculty in their own research aspirations. We have taken a composite approach in this direction and will continue to develop this strategy further.

In seeking to recruit high-quality faculty, we emphasise the research support measures at the School, such as the opportunities for funded PhD studentships, postdoctoral fellowships & internal seed funding, the opportunities to engage in clinical research through our own medical centres and network of affiliated hospitals and the comprehensive support for mobility, networking and scientific publications. Also, the success of the School in securing important external funding will support the recruitment of research-active faculty and we will ensure that this is appropriately promoted.

In recruiting full-time faculty, we are also moving in the direction of seeking to appoint new faculty who, based on aspects such as currently-funded research activity or proven research-leadership track record, will assume the roles of research faculty and research leaders with multiple benefits for the School, its faculty and its students. This approach has, in essence, already been applied at the School and our plan is to develop these roles further and their academic standing.

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 such 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.

| Sub-area | | Non-compliant/Partially compliant / Compliant / Not applicable |
|----------|--|---|
| 5.1 | Academic staff and establishment policy | Compliant |
| 5.2 | Academic staff performance and conduct | Compliant |
| 5.3 | Continuing professional development for academic staff | Compliant |

6. EDUCATIONAL RESOURCES

Findings

The EEC toured the main campus of UNIC, the teaching hospitals that will be used for early years (and transitional years) exposure, and the main building of the Medical School.

The facilities at the Medical School main building are new and well-equipped. There are 16 PBL rooms and 18 skills labs booths in total. It is also the only medical school in Cyprus that has cadavers for anatomy teaching. Students can access the skills lab after hours.

UNIC has already received the permit to build a new facility for the Medical School on the main campus (currently a parking lot). This is designed to house wet labs (research and teaching) and other central facilities, exclusively for the Medical School.

Having visited the new soon to be finished building of UNIC at the Athens branch in Ellinikon, we would hope that the new building in Cyprus learns from the experience gathered from the Ellinikon campus and will provide matching excellent resources to students and faculty alike.

The teaching hospitals were visited. They are equipped with state-of-the art technology (e.g. MRI, CAT-scan; interventional radiology labs etc.). While modernisation of the internal medicine wards and CCU are finished (Apollonion), other rebuilding is underway. At Aretaeion hospital, radiology and doctors' offices will be relocated to make room for more hospital beds.

Strengths

The facilities at the current Medical School main building are very good (see above). The library is large and inviting.

The students are presented with state-of-the-art equipment. The teaching hospitals provide ample space for lectures and even small group work in appropriate rooms provided to the students. The setting for the clinical teaching is based on one clinician taking care of two students for a morning or afternoon session.

A tremendous opportunity is provided by both Apollonion and Aretaeion now being owned by the Hellenic Hospital Group (HHG), effectively forming sister hospitals. This should provide for reciprocity and balance in the future. We understand that this group will form a greater part in clinical placement capacity in the future. This should allow for elements such as standardised clinical faculty development, perhaps even certified qualifications, to be standardised. Enhancing the shared ethos and educational values across HHG will provide for a sustainable model for the future.

The new building for UNIC Health will facilitate improved learning experience and increased research opportunities for existing and new faculty in the biomedical sciences.

Areas of improvement and recommendations

A dedicated University Hospital would further enhance the clinical teaching. Some services (e.g. oncology) are shared with another medical school. A shuttle bus between the three main sites (Medical School main building and the two teaching hospitals) could be considered.

UNIC Response:

A dedicated University Hospital would further enhance the clinical teaching. Some services (e.g. oncology) are shared with another medical school. A shuttle bus between the three main sites (Medical School main building and the two teaching hospitals) could be considered.

We thank the EEC for their recommendation in relation to University Hospitals. 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.

Over the years, we have been closely collaborating with partner hospitals to deliver clinical training to our students and we believe that the creation of university clinics and university hospitals will further enhance the quality of teaching in the clinical environment. In the ongoing discussions, the Medical School has engaged constructively with all stakeholders, including the clinical teachers currently delivering training, so that the proposed framework is inclusive and beneficial to all parties.

In terms of the School's strategic approach to the development of university hospitals, we will initially focus on the hospitals that operate within the Cyprus General Healthcare System, both hospitals of the State Health Services Organisation (SHSO) and private hospitals, and identify clinics/ departments that can be supported in their development in order to be able to achieve the university designation. The university designation for hospitals will progress in line with the clinic designation. More specifically, this planning encompasses the main SHSO hospitals in the Limassol/ Paphos region that support training in the senior years as well as the private hospitals in Nicosia that the School has a strategic partnership with.

In relation to the reference to the Bank of Cyprus Oncology Centre, we would like to note that this is an example where the Medical School has taken the initiative to support and co-fund a joint clinical/ academic appointment based at the Centre. This has proven very successful in terms of the quality of support to clinical training and can be a blueprint for the future. In this context, we are continuing to pursue similar arrangements with the State Health Services Organisation in preparation for the passage of the university hospitals legislation.

With regards to the recommendation about a shuttle bus linking the Medical School with the two main teaching hospitals in Nicosia, we would like to note that we are not aware of relevant issues being raised by the students, which may reflect the relative proximity of the hospitals to the Medical School. There are regular public bus services available in Nicosia which a number of students utilise. Nevertheless, we will monitor the issue of mobility within Nicosia and consider relevant options as appropriate.

| Sub-area | | Non-compliant/Partially compliant / Compliant / Not applicable |
|----------|---|---|
| 6.1 | Physical facilities for teaching and learning | Compliant |
| 6.2 | Clinical training resources | Compliant |
| 6.3 | Information resources | Compliant |



ΦΟΡΕΑΣ ΔΙΑΣΦΑΛΙΣΗΣ ΚΑΙ ΠΙΣΤΟΠΟΙΗΣΗΣ ΤΗΣ ΠΟΙΟΤΗΤΑΣ ΤΗΣ ΑΝΩΤΕΡΗΣ ΕΚΠΑΙΔΕΥΣΗΣ
CYPRUS AGENCY OF QUALITY ASSURANCE AND ACCREDITATION IN HIGHER EDUCATION



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7. QUALITY ASSURANCE

Findings

During the site visit and based on the submitted documentation, it was evident that the University of Nicosia Medical School has implemented a structured quality assurance framework for ongoing evaluation of the MD programme(s). The system includes routine course evaluations, student surveys, peer reviews of teaching, and annual programme reviews leading to program evaluation reports (PER). These feed into a five-yearly periodic programme review, shortly before the CYQAA cyclical accreditation process. There is a clear commitment to aligning the programme with WFME standards and the CYQAA quality criteria.

Internal quality processes are supported by the university's Quality Assurance Committee and the use of data-driven tools such as course reports, exam performance analytics, and graduate feedback mechanisms.

Additionally, an International External Advisory Board contributes to high-level strategic and academic oversight. Administration is strong and efficient, with long-standing administrative staff in place who are fully involved with Academics in the working of the school.

Strengths

UNIC has established a best practice rigorous quality assurance scheme.

The "Feedback Informed Development process" - akin to "you said we did", so that students clearly see where their feedback has influenced future educational practice.

Areas of improvement and recommendations

It would be useful to implement a process to assure the compliance and equivalence of portfolio use between the hospital sites, and to confirm that standards are comparable. An approach such as this may also highlight areas of emerging improved practice.

While the current composition of the International External Advisory Board served the development of UNIC Health, the MD programs (and the PhD program) very well especially in established world-class teaching, UNIC might think of broaden the expertise to receive additional input from experts covering other areas of foreseen growth, e.g. biotech, big pharma, industry, research. This is considered even more important in light of the upcoming start of operation at the Athens branch (MD and PhD programs first).

UNIC Response:

It would be useful to implement a process to assure the compliance and equivalence of portfolio use between the hospital sites, and to confirm that standards are comparable. An approach such as this may also highlight areas of emerging improved practice.

We agree with the EEC that it is important that a process is in place to ensure the compliance and equivalence of portfolio use between the hospital sites, and to confirm that standards are comparable. The process in place includes a number of steps to ensure the high quality and equivalence of the workplace-based

assessments (WPBAs) and reflective portfolio across the programme's clinical sites, as described briefly below.

- All assessors must undergo training before they are approved to carry out WPBAs. The training combines self-paced video modules on mini-clinical examinations (mini-CEX), Case-based discussion (CBD) and Direct Observation of Procedures (DOPS) (see Appendix 7.1) with a live webinar delivered by the PVB Lead. To maintain consistency, assessors also attend refresher training.
- Each clinical site has an appointed clinical site PVB lead that has been appropriately trained by the PVB lead either in Nicosia or onsite. The PVB lead can thus ensure continuous monitoring and training on the grounds.
- The Chair of Clinical Education and curriculum leads also provide oversight and ensure equivalent delivery across the clinical sites, working closely with local academic leads and clinical leads.
- We utilize the electronic platform myProgress, which ensures that all assessors and students use a single electronic template for every WPBA across all hospital sites; the form contains mandatory fields for written feedback and action points.
- Students are trained extensively in reflective writing. We have in fact incorporated reflective writing from Year 1, with appropriate student support, which includes briefing sessions, personal tutor meetings and debriefs by the PVB academic team. This ensures that consistency is established early on in the training of students.
- As part of on-going monitoring, the portfolio is discussed at the committees of the programme, which receive reports from the PVB lead. We also receive valuable feedback from our external examiners, who receive samples of the students' portfolios, including WPBA and the reflective accounts. Feedback from external examiners reflects the high quality of the portfolios. Through these monitoring mechanisms, areas of improvement are identified and actions are clearly set to address them.

Following the EEC's helpful suggestion, we have enhanced our quality assurance processes to include a termly audit of portfolios by the PVB lead across hospital sites. It should be noted that while this is currently done on a more informal basis by the PVB administrative and academic teams, this audit will formalize the process. The findings will be reported by the PVB Lead to the MD programme committee. In this way, the existing processes will be enhanced to ensure equivalence across clinical sites.

While the current composition of the International External Advisory Board served the development of UNIC Health, the MD programs (and the PhD program) very well especially in established world-class teaching, UNIC might think of broaden the expertise to receive additional input from experts covering other areas of foreseen growth, e.g. biotech, big pharma, industry, research. This is considered even more important in light of the upcoming start of operation at the Athens branch (MD and PhD programs first).

We would like to thank the EEC for acknowledging the significant contribution of the International Advisory Board to the development of high-quality educational programmes at the School. We also welcome the recommendation of the EEC to broaden the expertise within the IAB. We would like to 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. This reflects the central role that research development plays in the evolution of the School and the significance of securing appropriate external guidance in formulating key aspects of our research strategy and their operationalisation. This 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. Related to the overall research direction of the School, we will also consider additional members to enhance an area of significant potential and importance to the School, which is the effective linkage with industry, including the biotechnology, pharmaceutical and artificial intelligence industries.

| Sub-area | | Non-compliant/Partially compliant / Compliant / Not applicable |
|----------|------------------------------|---|
| 7.1 | The quality assurance system | Compliant |

8. GOVERNANCE AND ADMINISTRATION

Findings

Within the University of Nicosia, UNIC Health is the pre-eminent governance body through which the Medical school operates, alongside the University Health Centre, Veterinary school and School of Life & Health sciences. There is a scheduled process for determining budgets and for operational delivery. Elements such as staff promotion are governed by the wider university processes, but for the most part the current structure allows for an efficient and nimble approach, with its assessments delivery and human resources capacity both being particular highlights of this structure.

Undergraduate medical education is under the governance of the Dean of the school, with three associate deans (academic affairs, research and students) together providing oversight for all elements therein. There are two departments within the school - basic and clinical sciences and primary care & population health, and we were pleased to witness the growth in faculty within the latter department since our last visit, recognising the focus on the future needs of the local population.

Strengths

Distinct budget areas (support of teaching and learning, research and service to community) are subject to proposals from the Associate Deans and Dean, and henceforth to the UNIC Health Director of Finance and EVP, before presentation to the Council Finance Committee. This well-structured process is well-designed to support the mission of the school.

The administration organisation within UNIC Health, including the Alumni officer, allows for tremendous understanding of the career trajectories and international careers of graduates, who in turn provide ongoing career support and advice to current students - especially for their placements abroad. They will in time provide opportunities for philanthropy and research networks which will further enhance the brand and standing of the school.

The systematic approach to improvement within the school, with mandatory student feedback and additional information contributing to the annual quality report, and a periodic programme review (PER), running shortly before the 5-yearly CYQAA cycle, providing opportunity for improvement and enhancement through a collaborative and inclusive approach.

Areas of improvement and recommendations

None.

UNIC Response:

We thank the EEC for recognising the strengths of our governance structures and approach to the organizational management of the MD programme, under the umbrella administrative structure of UNIC Health. Through these, the Medical School and its constituent programmes benefit from significant autonomy from the wider university. This, as the EEC found, enables us to make effective quick decisions, and work competently towards achieving the School's mission and values.

| Sub-area | | Non-compliant/Partially compliant / Compliant / Not applicable |
|----------|---|---|
| 8.1 | Governance | Compliant |
| 8.2 | Student and academic staff representation | Compliant |
| 8.3 | Administration | 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. This shows in a solid body of faculty with little turnover and the highest number of students admitted to any MD programs. UNIC has a fine process of annual program review in place, feeding into a deeper review and subsequent overhaul of the entire program every five years, typically prior to the regular CYQAA re-accreditation. In so doing, UNIC is able to introduce AI/Digital Health and big data, to name a few, as “streams” throughout the new 6-year program which is an exciting and future-facing development.

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 new systems-based curricular development. We can see huge benefits of your new integrated approach, with its modern, future focussed streams and greater emphasis on early clinical experience. You have done this while bringing faculty with you – which will bring tremendous benefits as this is rolled out.
3. The enhanced prominence of community health, population sciences and primary care since our last visit – to address the future needs of the populations you serve.
4. With regard to student experience, we would like to highlight the reduction in your assessment load, while maintaining a rigorous and evidence-based assessment strategy.
5. The dedication and drive of the UNIC community, across professional services and academic staff who work so well together.
6. We would particularly like to highlight your focus on professionalism, attendance and engagement, in ensuring that your graduates are patient-focussed and well placed to deliver safe compassionate patient care. The processes that you have to fairly and transparently address fitness to practice issues amongst your students are to be celebrated.
7. The global nature of your students and their international aspirations on graduation are particularly notable. The world needs more doctors, and training for the international market is therefore; a strength of this program.

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. Students raised the need to consider travel particularly for high-stakes exams, and a more extensive approach to translators. Students raised a potential benefit in mandatory Greek Language assessments for non-native speakers.

3. 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.
4. 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.
5. Evaluate your existing student / graduate data to consider the merits of increasing the exam requirements at entry to align with 18.5/20 in the pan-Cypriot system, while maintaining the interview as a powerful means of selecting compassionate communicators.

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 are grateful for the time and effort that the EEC provided us during their evaluation of the programme and have been pleased to be able to consider and address their comments. We are pleased that they were able to recognise seven areas for commendation. For those areas where there are recommendations, we welcome the opportunity to enhance our provision further:

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.

We agree that a comprehensive appraisal of weaknesses and threats, including those that are not under the control of the School, is essential for a credible SWOT analysis and for effective programme development. We recognise our responsibility to lead in addressing these issues and to mobilise stakeholders toward shared solutions, in particular in those areas where we are able to provide a concerted effort alongside the other two Medical Schools in Cyprus.

We have already made strides towards this by enhancing both the weakness and threats sections of the programme's SWOT analysis, including for example, a reference to the impact that the absence of university hospitals has on our abilities to plan for the enhancement of clinical training and clinical research; and to the potential for global and/or regional instability to impact our abilities to effectively recruit students.

We are committed to maintaining mechanisms that allow us to update and refresh SWOT analyses across our activities (e.g., at programme, department and school levels), and so that new risks are identified in a timely manner. We believe that in doing so, we will strengthen the programme and demonstrate transparency. (The MD programme's SWOT can be found as Appendix 1.4).

Students raised the need to consider travel particularly for high-stakes exams, and a more extensive approach to translators. Students raised a potential benefit in mandatory Greek Language assessments for non-native speakers.

We have carefully considered the EEC's recommendation in relation to high-stakes exams, and can confirm that the written exams for Years 5 and 6, will additionally be delivered in Limassol, starting in the new academic year, 2025-2026.

In relation to the benefits of the Greek language to enrich the learning opportunities of students in the clinical years of the programme, we will monitor attendance 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. Moreover, we will incorporate the Greek classes in the student schedule so that their importance is further illustrated. The introduction of 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, is a vital part of our strategy going forward.

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.

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 remain fully committed to continuing to work with the other Schools to support this effort which will benefit medical education, promote clinical research and, ultimately, lead to improved patient care.

Going forward, the University of Nicosia Medical School will 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.

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 and for raising the importance of an accredited educator programme. The Medical School places great emphasis on the delivery of high-quality and student-centred education, in line with the latest trends and evidence in medical pedagogy and on the support provided to our educators. The 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.' This is a 36-hour professional development seminar that leads to a Certificate in the areas of contemporary teaching methods, new technologies in learning and online education. The Seminar is consistent with the University's long-standing policy for promoting teaching excellence, faculty

professional development and pedagogical support, and in-line with the recommendations by the CYQAA. The Seminar is the outcome of the collaboration between the Office of the Vice Rector of Faculty and Research (VRFR), the Faculty Training and Development Unit (FTDU), the Pedagogical Support Unit (PSU), the e-Learning Pedagogical Support Unit (e-PSU), the Department of Education, the Technology Enhanced Learning Centre (TELC) and the University of Nicosia Library. Staff development processes 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 and an important qualification for those colleagues who contribute to the education of our students. 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.

We will explore this possibility by, first, systematically gauging interest amongst the various groups (such as graduates and faculty, including clinical educators). We will also explore relevant synergies with other education experts at the University of Nicosia, such as colleagues at the Pedagogical Support Units, and assess the options. The possibility and potential timing of such an initiative will then be considered.

Evaluate your existing student / graduate data to consider the merits of increasing the exam requirements at entry to align with 18.5/20 in the pan-Cypriot system, while maintaining the interview as a powerful means of selecting compassionate communicators.

We regularly review the progression and graduation rates of our students against the admission criteria, to assess whether they remain appropriate and fit for purpose or whether any adaptation is required. Our most recent statistical analysis, that compared progression rates of students/graduates enrolled in the MD programme from 2014-2023, in two high school diploma score groups (18.0-18.49 vs. ≥ 18.5) did not show significant differences in progression rates between the two groups, suggesting the appropriateness of our academic entry standard and supporting the retention of the existing minimum entry threshold of 18/20. Increasing the threshold may unduly restrict access for qualified applicants.

We are grateful to the EEC for recognising the significance of the interview as a valued selection tool. Indeed, a binary logistic regression analysis indicated that the interview score was positively associated with progression. These findings reinforce the value of a balanced admissions process that considers not only academic performance but also interview-based assessment.

We shall continue to evaluate student progression on an annual basis, as part of our Programme Evaluation Report, whereby progression is reviewed against diverse learner characteristics and admissions requirements. The monitoring mechanisms allow us to ensure the appropriateness of our admissions criteria and to facilitate support for those specific student groups that may need it.

Once again, we wish to thank the EEC for their constructive input throughout. We believe that having taken on board their valued recommendations, the MD programme will continue to be a flagship programme for the Medical School.



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CYPRUS AGENCY OF QUALITY ASSURANCE AND ACCREDITATION IN HIGHER EDUCATION



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C. HIGHER EDUCATION INSTITUTION ACADEMIC REPRESENTATIVES

| Name | Position | Signature |
|---------------------------|-------------------------------------|-----------|
| Prof Aleksandar Jovanovic | Head of Department | |
| Prof Photos Hajigeorgiou | Associate Head of Department | |
| Prof Joseph Joseph | Associate Dean for Academic Affairs | |
| Dr Chloe Antoniou | GEMD Programme Co-Director | |
| Prof Louis Loizou | GEMD Programme Co-Director | |
| Dr Persoulla Nicolaou | MD Programme Director | |
| Dr Nicoletta Nicolaou | PhD Programme Director | |
| Dr Danny Alon Ellenbogen | MD Programme Associate Director | |
| Prof Paola Nicolaides | MBBS Programme Director | |

Date: 16 June 2025



D. APPENDICES



1. MISSION AND VALUES APPENDIX

- 1.1 MD Student Handbook
- 1.2 MD Orientation Slides
- 1.3 Medical School Faculty Handbook
- 1.4 MD Programme SWOT analysis



2. CURRICULUM APPENDIX

2.1 MD Matrix Courses v Outcomes



3. ASSESSMENT APPENDIX

3.1 MD Scheme of Assessment

3.2 Assessment Committee Terms of Reference and Membership



4. STUDENTS APPENDIX

None



5. ACADEMIC STAFF APPENDIX

None



6. EDUCATIONAL RESOURCES APPENDIX

None



7. QUALITY ASSURANCE APPENDIX

7.1 Workplace Based Assessment Assessor Training



8. GOVERNANCE AND ADMINISTRATION APPENDIX

None

