Doc. 300.1.2/1

Date: 01 June 2022

Medical School's Response

(Basic Medical Education)

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

In Greek:

Ιατρική (5 έτη, 300 ECTS, Πτυχίο)

In English:

Doctor of Medicine (5 years, 300 ECTS, graduate-entry, Undergraduate medical degree)

- **Language(s) of instruction:** English
- **Programme's status:** New

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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We would like to thank the External Evaluation Committee (EEC) for their constructive input to the process as well as for their positive comments throughout their report, in particular in recognising the strengths of the programme. We have addressed those areas where the EEC had kindly suggested improvements and recommendations in the following sections.

A. ASSESSMENT AREAS

1. MISSION AND VALUES

Findings

The School's Mission appears to have been carefully designed and its development involved a large number of stakeholders including members of statutory and regulatory bodies, clinicians, students and patients. It clearly aligns to the core values of the School which include student-centred education, excellence in teaching and research, professionalism, social responsibility, equality and diversity and promoting and maintaining successful international partners.

Strengths

- **We applaud the patient-centred and student-centred approach, and the commitment to holistic learning.**
- **We commend the approach taken to bolster community-based care through various outreach projects, particularly the Mobile Clinic.**

Areas of improvement and recommendations

- **In the student feedback, a variable level of organisation around the operation of the Mobile Clinic was described. We would see this as an opportunity for future students to work together to develop their organisational and leadership skills, through taking a more active role in delivering community outreach projects.**

UNIC response:

We thank the EEC for the opportunity to clarify how the students are involved in the Mobile Clinic activities. The operation of the Mobile Clinic involves the participation of medical students throughout, from the planning to the execution stages. Students, through the Mobile Clinic Club, are involved in meetings to decide where the expedition sites will be and, following the selection of volunteers, student leaders then organise refresher sessions of those clinical tests that are to be performed during the expeditions. On the day of an expedition, the student leaders complete administrative duties and assign tasks to fellow students for the set-up on site.

As an example, during April and May 2022, four expeditions took place. One of these was an interprofessional activity, whereby Medical students together with students from the Pharmacy and

Nutrition and Dietetics programmes ran an activity about overweight and obesity screening. Bringing students together across programmes again supported the development of their organisational and team-working skills.

Furthermore, student teams are formed for presentations at high schools for health topics that relate to teenagers such as, smoking, STDs, diet, etc. The students are placed in teams of four to research their topic, prepare their PowerPoint presentation (reviewed by faculty) and present it live at high schools. Again, this encourages them to understand different roles within a team and develop organisational skills.

Apart from students' contribution to community via the Mobile Clinic, reflecting the School's core value "social responsibility", in 2021, the School Council approved the framework for "Students' engagement in the community" (Appendix 1) in order to provide students with opportunities for social contribution. The recently organised (May 28, 2022) Medical School Student Research Conference, which was a student-led initiative supported by School's faculty and staff, is an example. The School aims to establish this Conference as an annual high-quality scientific event, which may be open to the local community, but also internationally via online connection.

In addition, within the community engagement framework the Student Services Centre (SSC) has started the "Volunteering within the community programme" and created collaborations and synergies with several NGOs, whereby students have contributed to the community. Some examples are: blood drive in collaboration with Bank of Cyprus Oncology Centre, book donations for Hope for Children, collection drive for refugee children, TELETHON futsal tournament for fund raising, clothes and unwanted items collection for the Red Cross. The SSC aims to expand on its "Volunteering within the community programme" and collaborate with more NGOs in order provide students with more opportunities for community outreach, such as Day Centres for the older people, cultural and ethnic groups, the LGBTQ+ community, and patient groups of people with disabilities.

The SSC supports students to take initiatives and develop leadership roles by setting up clubs and societies and creating their own community outreach projects under the necessary supervision, as per the students' engagement in the community framework. For example, the FEW (Field, Emergency and Wilderness Medicine) student society has proposed to visit a refugee camp to provide information about psychological wellbeing.

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

2. CURRICULUM

Findings

The new 5-year Graduate Entry MD programme embraces the principles of the School's mission and core values and is closely aligned to regulatory requirements for undergraduate medical education internationally.

The intended learning outcomes are clearly described to students and teachers. They are well-designed according to established methods in medical education, blueprinted to assessment and are mapped throughout the programme in matrix format. There is a solid foundation in the basic sciences in year 1, followed by systems based-contextual learning approach in year 2 and a more integrative approach in year 3. Immersive learning takes place in the clinical environment for years 4 and 5, encompassing all the relevant medical disciplines. Domains and streams run across all 5 years of the programme ensuring an appropriate level of vertical integration. We reviewed the Doctor as a Professional (DAP) domain assessment handbooks for the 6-year programme which provide a clear emphasis on preparedness for practice. A similar programme is anticipated for the new programme.

A wide range of teaching methodologies will be utilised when the programme is up and running, including an adult self-directed learning approach, case-based and problem-based learning, simulation and opportunities for peer-based learning. Digital components of teaching are implemented structurally in routine teaching (e.g. hybrid lectures).

In the course of our meetings, existing students on the 6-year programme described how clinical induction sessions did not always occur at the beginning of each clinical placement block.

There are some opportunities for interprofessional learning but these do not appear to be formally integrated within the curriculum. Learning opportunities relevant to new topics in Medicine (e.g. Artificial Intelligence and Machine Learning) are being developed.

Strengths

- **The flexibility of the curriculum and intended design to accommodate additional entry points at a later stage.**

Areas of improvement and recommendations

- **Ensure that the streams remain identifiable to maintain and highlight the vertical integration and spiral nature of the programme.**

UNIC response:

Each stream runs throughout all five years of the programme and the learning outcomes of each stream can be delivered in any type of activity of Courses and Projects of Years 1-3 and in the Clinical Years (Years 4 and 5). A document accompanies each stream that includes a description of the stream, as well as the learning outcomes relevant to the stream in each course. Stream Leads oversee the coverage of the outcomes in each course and participate in their delivery and assessment. At the end of each academic year, the Stream Leads

will review the document and propose edits and suggestions for the new academic year. An example of a stream and its outcomes throughout the courses of the programme is included as Appendix 2.

- **Ensure that students are adequately prepared to benefit from the range of different learning approaches.**

UNIC response:

We plan to utilize a plethora of types of learning approaches such as team-based learning (TBL), case-based learning (CBL), problem-based learning (PBL), tutorials, flipped classroom and traditional lectures. We understand that some students may not be familiar with some of these approaches and as a result, at least at the beginning, may not have the skills and experiences to benefit fully from these approaches. To minimise this, we plan to include relevant sessions during the orientation to the programme. We will have a session to provide information on what each activity entails and, additionally, we will run activities in some of these formats so that the students can understand the process involved in each type of activity so as to maximise the benefit. The orientation schedule will also include information on how students can seek help from the various support mechanisms of the Medical School in the case that they are struggling with any type(s) of learning approach.

- **The School should review the regularity of provision of clinical induction, and provide alternative means for clinical induction should clinicians find themselves inadvertently occupied with patients at the allotted time.**

UNIC response:

Induction for each clinical placement takes place on the first day of each new attachment and is ordinarily provided by the clinical lead of that specialty. For a number of our larger clinical sites we are introducing a second, deputy lead for each specialty. For example, at Limassol General Hospital these people are in post. These co-leads can provide the induction if, for any reason, the lead cannot. In some instances, at the request of the lead, they provide the induction to the clinical attachment instead of the lead. The UNIC Curriculum Leads are also involved should any help be required.

Over and above this there is a comprehensive induction day on the first day that students arrive at each hospital, whereby they are informed of all local policies and guidelines (such as health and safety, sharps policy), the reporting structures (for educational and patient safety issues), and are introduced to the Academic Clinical Lead for the site and the Clinical Leads for each specialty. The induction also includes an introduction to each department and a tour of the hospital for students to familiarise themselves with the site (including where study spaces, lockers, and any onsite refreshments are available). Local administrators are on hand to provide support and advice to students throughout the duration of their placements at any given site.

- **The School should consider integrating interprofessional education (IPE) more formally into its curriculum to ensure a meaningful and valued experience for students as adding this later is well-recognised to be difficult. This should include opportunities for shared learning across a range of**

healthcare students; recognition of the roles each plays in patient care; and in how all work together to minimise risk and ensure patient safety.

UNIC response:

We are pleased to confirm that Interprofessional learning (IPL) forms a stream within the programme and has been developed extensively, and which addresses the areas raised by the EEC. Further details can be found within the strategic development plan and implementation plan for IPL are attached as Appendices 3 and 4 respectively. Additionally, elective projects in years 2 and 3 will allow students to develop their own projects including in the area of interprofessional learning should they wish.

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

A range of assessment methodologies are to be utilised, in line with the intended learning outcomes and current international best practice for medical education. Assessment authenticity, reliability and deliverability are appropriate and will be appropriately blueprinted and standard set.

There is a clearly-outlined quality assurance process, ensuring a robust and valid assessment process which involves oversight from a Professionalism Grading committee, External Examiner system and a Board of Examiners. Psychometric analysis will be undertaken as part of the quality assurance process and will inform the work of the Assessment Committee. Assessments appear to be scheduled appropriately across the programme to capture knowledge, skills and behaviours. An individualised approach will be taken according to a defined structure to support and remediate failing students. Feedback to students will be provided in a timely fashion through a range of formats with the EEC recognising that formative assessment opportunities are plentiful.

Appeals and Mitigation processes and policies appear appropriate. We have been informed that a national policy prevents institutions from offering exit awards. There is also an appropriate Fitness to Practise Policy in place.

Strengths

- **Assessment aligns with current best practice in medical education**.

Areas of improvement and recommendations

- **Continue to monitor the robustness and reliability of short answer questions.**

UNIC response:

All Short Answer Questions (SAQs) are accompanied by a detailed and structured model answer, with a clear breakdown of mark allocation. This assures that marking is conducted objectively. A moderation process follows the marking, during which a content expert looks at all scripts below the pass mark for the individual SAQ, all scripts that are borderline, any other ambivalent answers and a few randomly selected scripts of answers that received very high or full marks. The final moderated results are sent to the Examinations Office and are included in the subsequent psychometric analyses, during which the Corrected Item-Total Correlation (CITC) is estimated for each SAQ that was included in the examination paper. The Course Lead then goes over any flagged SAQs (CITC <0.35) to confirm their factual correctness and appropriateness, and thereafter any corrective actions deemed necessary can then be taken.

- **As the programme grows, consider whether less resource-intensive standard setting methods (e.g. Cohen) may be appropriate.**

UNIC response:

We welcome the suggestion of the EEC. Indeed, Cohen was one of the standard setting methods that we included in a standard setting pilot conducted in 2020-21. The aim of the pilot was to compare and contrast

Angoff, Bookmark and Cohen standard setting methods for use in the written examinations of the clinical years in the existing MD programme. The Cohen method is very affordable and simple to apply, and there is statistical rationale behind the use of the score of the 95th percentile candidate as a good representation of the best that could be achieved in the exam without considering outliers. However, the rationale behind using 60% of that score is not well substantiated and, thus, may constitute the method not very reliable for use in high-stakes examinations. Thus, we introduced Angoff, which despite being resource-intensive, is supported by the largest amount of research of all methods for setting cut-off scores, is legally defensible, and is one of the most widely accepted and used standard setting methods in medical education. We continue to apply Cohen alongside Angoff for comparison purposes and, as the student numbers grow, we are planning to revisit the standard setting, with Cohen being one of the methods that will be re-considered.

- **Consider opportunities to expand the range of workplace-based assessments to include multi-source feedback (MSF) to prepare students for professional practice once graduated and train all stakeholders involved accordingly.**

UNIC response:

We shall introduce MSF into the package of workplace-based assessments in Year 5 of the programme. We already have experience of successfully using MSF in the Medicine and Surgery placements in the final year of the MBBS programme. We will, however, be developing our own format to ensure that seeking feedback from a range of stakeholders, including patients and other healthcare professionals such as nurses and physiotherapists, can take place. All stakeholders will receive training on the purpose of the assessment and how to carry out the feedback, appropriate to their role.

- **Ensure that external examiner input is secured across all years of the future programme.**

UNIC response:

We welcome this recommendation from the EEC and are pleased to confirm that this has now been incorporated in to the programme's External Examiner Scheme (Appendix 5). This aligns with the Department of Basic and Clinical Sciences Strategic Development Plan (item E2.3.4) which aims "to expand the MD External Examiner scheme by appointment of highly qualified external examiners, including site visits for assessment."

- **Consider opportunities to include patients in assessment of students, for example in workplace based assessments and OSCEs.**

UNIC response:

We will use simulated patients for all information gathering (history taking) and information giving (explanation, negotiation) OSCE stations. For those OSCE stations involving procedural skills (e.g., phlebotomy, catheterisation) we will use a combination of mannikins and simulated patients.

For physical examination OSCE stations, we will use simulated patients/ volunteers where we are simply testing the students' basic examination skills and where findings are normal or signs easily simulated. Where

we are testing the students' ability to detect abnormal findings (e.g., peripheral vascular disease) we will use real patients exhibiting the appropriate signs.

Whenever we use simulated patients, they always provide a grade from A to E for the SP domain. This is normally worth 5-10% of the overall marks for the station. Up until now, we have not included a similar grading when using real patients. Following the advice of the Accreditation Panel, we shall now introduce that in all OSCEs using real patients. We will give them criteria to use to award their grade, as we do for simulated patients.

Regarding workplace based assessments, mini-CEXs and DOPS are always carried out on real patients in the wards or clinics. We have not recorded any comments from the patients in the WPBA feedback however. We shall now ensure that the WPBA assessor asks the patient to give feedback to the student, and to include their comments in the overall WPBA feedback. This will be completed via the My Progress app.

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

There is a clearly outlined Selections and Admissions policy which we understand is compliant with national Private Universities Law and University of Nicosia internal regulations and which reflects the University's (and its own) values for openness to diversity. The policy includes opportunities for credit transfer and provision for candidates with special education needs. We were not presented with the ranking process used to select students, but a points-based system approach with an oversight committee was described to ensure the process is transparent and fair. We were advised that the admissions criteria and policy for the programme under review cannot not be published or advertised until accreditation of the programme is in place. An annual review process is clearly outlined in the documentation.

There is a range of services available to support students and their welfare during their programme, which is currently well-communicated verbally and via handbooks to existing Medical School students. This includes regular personal tutor meetings, academic registry services, support for students with academic and physical and learning difficulties, and occupational health services. This is regularly reviewed. There are reasonable adjustments policies and practices to support students in learning and in assessment.

There is a well-established sharing of information practice, which enables the School to share information about its students with its clinical sites. An Information Officer is in place. Students are notified of the need for the centre to share their data on induction to the programme and through the handbooks.

Students are provided with opportunities to feedback regularly through their interaction with management via the School's committee structures, and also anonymously at the end of every teaching module to inform the development of student services. Students are represented on all appropriate committees and subcommittees of the School. The Medical Student Society and year-specific student representatives act as a point of liaison between the student body and the School's administration. There are a range of student societies through which medical students can interact with students on other degree programmes.

In the course of our meetings, existing students on the 6-year programme have expressed challenges with sourcing accommodation at clinical sites and when returning to Nicosia for end of year high-stakes assessments.

The current programmes clearly admit students from a broad range of cultures and ethnicities. While all we have spoken to see this as a positive attribute, occasional students we have spoken to describe that it was difficult for them to integrate across the breadth of the cohort.

Strengths

- **There is a purposefully-designed opportunity for credit transfer into year 2 of the proposed programme.**
- **Alumni mentoring and career development sessions are strategically aligned to support the international aspirations of students.**

- **Students told us of a peer-designed personal mentoring process which they are working to extend through the current standard 6-year programme.**

Areas of improvement and recommendations

- **While we recognise that the majority of students have future international aims, the School should ensure that the provision of Greek language lessons is sufficient for graduates of the proposed programme to be eligible to apply to work in the local Cyprus system, according to Cyprus Agency of Quality Assurance and Accreditation in Higher Education requirements, and hence contribute to local healthcare workforce needs.**

UNIC response:

We thank the EEC for providing us with an opportunity to clarify in relation to practising medicine in Cyprus. The current law allows for only those nationals of European Economic Area member states (plus Switzerland) to be able to register with the Ministry of Health and Cyprus Medical Council. As part of their registration, there is a requirement to have appropriate knowledge and skills in the Greek language and, our experience to date of those students that undertake the Greek language lessons provided by the Medical School, is that they are able to attain these.

As part of their entry to the programme, students are informed of the expectations in relation to the Greek language during their careers one-to-one meetings, the first of which takes place in Year 1 of their programme. This commitment to ongoing careers support from the onset of their studies, has been established for the new programme too.

- **Explore the opportunities for involving patients / lay representatives in admissions processes, for example multiple mini-interviews.**

UNIC response:

We welcome being able to extend the use of key stakeholders in further areas of activity. We view there being two ways that we could involve lay representatives in the admissions process – either through scoring individual interview stations or by being part of the Admissions Panel making the final decision whether or not to offer a place to applicants.

Those involved in scoring the interviews will be trained, as are all our interviewers, using a mixture of taking part in an interactive PowerPoint presentation and scoring videos of selected individual interviews.

The individual selected to be on the Admissions Panel will also receive training on the key selection criteria, how to interpret and prioritise them and how to make the final decision whether or not to offer applicants a place on the programme.

There are a number of stakeholders that we will approach for these roles. These include selected simulated patients (who are very familiar with the School and many aspects of the programme), representatives of patient groups, people who have taken part, as Lay Representatives, on Fitness to Practise Panels, the lay member of the International Advisory Committee and non-medical school members of university faculty and staff (such as, nurses, physiotherapists, pharmacists).

- **We recommend that the School carefully considers the accommodation concerns of its existing students, and puts a plan in place to transparently manage the expectations of future students.**

UNIC response:

We understand that the students of the six-year programme had raised this in relation to accommodation when they are in Nicosia for their Year 5 and 6 end-of-year assessments. This follows on from provision provided to the students based in Paphos when they are required in Nicosia to attend specific clinical teaching that is not offered locally. For their upcoming assessments, this has been addressed by the School and we are offering a tailored approach that is based on the students' main location. We are also exploring local provision in Limassol, where possible and appropriate for some written assessments. Over and above this, for more long-term, semester-based accommodation, the Student Service Centre continues to provide accommodation support to all students, by way of the Student Service Centre handbook and local clinical site SSC handbooks (please see Appendix 6 as an example for the Limassol area).

- **We recommend that the school continues in its efforts around cultural competency for students and seeks opportunities to encourage all to mix broadly across the cohort and with others on different programmes.**

UNIC response:

In the five-year graduate-entry programme, Cultural Competency is covered in the curriculum as well as through extra-curricular activities. A number of opportunities have already been developed, as described herein.

In the curriculum, the Cultural Competency stream aims to train students in becoming competent in working effective and appropriately with diversity, such as cultural beliefs, lifestyle, ethnic background, sexual orientation, gender, socio-economic background, age, disability, language, etc. To meet this aim, the following cultural competency topics will be covered: cultural competence, diversity competence, structural competence, intercultural communication, listening for understanding people from different backgrounds, exploring diversity in non-judgmental way, responding to diversity in a sensitive manner, involving patient's background in decision making, ethnicity, race and racism, inequalities and social structures, gender and health, disability, living with chronic illness, cultural humility, critical reflection on own beliefs, communicating with older people, working with interpreters. From these topics students will acquire knowledge, and they will develop skills and relevant attitudes for working effectively with diversity. Cultural competency knowledge will largely be covered in Sociology lectures (creating synergies with the Psychosocial Sciences stream). Students will then learn and practise skills and develop attitudes of cultural competency in small groups teaching sessions with the help of simulated patients. In order to enhance students' cultural competency and help them to work more effectively with diversity, we will maximise diversity within each small group by ensuring gender and cultural/ ethnic background balance. This mixture will help students to work in diverse groups, as well as to learn from different perspectives when having to solve a problem or work with patient.

Cultural competency will also be covered in extra-curricular activities. More specifically, reflecting on the School's core value "equality and diversity", the Student Services Centre organises events open to all students regardless of their background, and culture-specific events, such as for example, the food festival, whereby students get together to share their culturally-shaped culinary habits. In addition, students can set up their own clubs and societies which are open to all students for registration. Examples of existing cultural-specific and other student clubs and societies are: Medical Students Research Society; Scandinavian Society and Culture Club; South-African Society and Culture Club; Hellenic and Cypriot Medical Students and Friends Club; Field, Emergency and Wilderness Medicine (FEW) Society; Psychology and Psychiatry Interest Club.

Moreover, within the context of "Students' engagement in the community" framework (attached as Appendix 1) the Student Services Centre has developed the "Volunteering within the community" programme and created synergies with several NGOs (e.g., Hope for Children; Cans for Kids; Cyprus Together; and, the Cyprus Anti-Cancer Society) which students from different cultural backgrounds can join to help with running events, such as fund raising, donations, information campaigns, clean ups, etc. The Student Services team is planning to enhance its "Volunteering within the community" programme by developing synergies with more organisations, like Day Centres for older people, cultural/ ethnic clubs and associations in the community, the LGBTQ+ community, and associations of people with disabilities, in order to help students to increase their contribution to society, but also to develop their diversity competence knowledge, skills and attitudes.

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

5. ACADEMIC STAFF

Findings

Given the existing footprint of the School and the proposed replacement of the 4-year Graduate Entry programme, academic staffing levels appear appropriate and feedback from teaching Faculty during the visit reflected this finding. A potential need for future staff in the clinical years of the staff has been identified and described by the Medical School.

Most faculty members have formal medical education qualifications. Faculty includes a range of basic science and clinical experts to support the curriculum and governance structure. There is a clearly-outlined induction programme for new staff, a comprehensive faculty development programme to support on-going professional development and identifiable funding to support attendance at courses and other relevant developmental opportunities.

There are clearly-defined performance review processes to ensure all responsibilities are delivered.

The School has clearly addressed a previous recommendation from the UK GMC to establish teaching posts within the healthcare system.

Students from the 6-year programme felt confident that all relevant material was covered, however, they stated that some of the presentations in use were slightly outdated and believe that the PBL approach to be used in the new 5 year programme may address this issue.

Strengths

- **There is a passionate and collegial culture amongst staff which is a credit to the School's leadership.**
- **The EEC was impressed by the ability of staff to adapt to challenges and change.**
- **The School has a well-defined workload allocation model that ensures that staff are not overburdened in specific areas.**
- **We heard of a large number of enthusiastic and trained educators at the clinical sites.**

Areas of improvement and recommendations

- **Continue to review staffing requirements particularly in relation to the clinical training years in advance of delivery.**

UNIC response:

We already have in place a large number of clinical academic colleagues supporting our students. We will be continuing to review all requirements, in line with our annual review of faculty workload and clinical capacity planning. We have in place succession planning and appointment processes with our clinical sites to ensure the smooth transition of any clinical teaching responsibilities.

- **Regularly encourage teachers to update their teaching material to foster evidence-based teaching.**

Prior to the start of each academic year, Course Leads will review their course material, in collaboration with Stream Leads and contributors to the course, colleagues at clinical sites and any other appropriate colleagues

to ensure that the material is up to date. The Year Lead of each year will also be responsible for overseeing this process.

Furthermore, evidence-based teaching is part of the Research, Statistics and Evidence Based Medicine stream and the Stream Leads will ensure that an evidence-based approach is present throughout the curriculum.

Updating teaching material is of utmost importance during such times of significant technological and scientific advancements. For this reason, we have included a "Journal Club" activity in every week of Year 1, so that the students are exposed to the most up to date information on the theme of each week, including current trends and challenges within that field.

- **We encourage the School to continue in its efforts to work with the government to progress joint appointments for training and residency. In other countries junior doctors are greatly valued for their capacity and impact in educating medical students. We would see this as a benefit for future UNIC students.**

UNIC response:

The Medical School considers junior doctors as very important members of its clinical faculty with key contributions to the training of undergraduate medical students. The assistantship-style, final year attachments are based on the pairing of medical students with residents who provide hands-on training on tasks undertaken by junior doctors and receive remuneration for their role in medical education. The educational role of the residents is covered by the current student training agreement between the Medical School and the State Health Services Organisation as are the opportunities for academic appointments. Moreover, the proposed legislation that will underpin the collaboration between Universities and Hospitals, defines the educational role of residents as integral to their own training. We will continue to work closely with residents to ensure that their role in medical education is further developed for their own benefit as well as the benefit of the students.

- **We encourage the School to continue to work with its clinical partners towards the establishment of more formalised arrangements such as "University Hospitals" across more of the private sector.**

UNIC response:

The Medical School has established collaborations with a wide range of clinical service providers in Cyprus including public and private hospitals. Formal student training agreements underpin the delivery of clinical training at these sites and the Medical School continues to explore opportunities to expand these collaborations for the mutual benefit of the School's students and the sites themselves and the clinical faculty working there. The establishment of the National Healthcare System in Cyprus, which incorporates both public and private hospitals, has helped streamline the coordination of clinical training across these sectors. Moreover, the proposed legislation on the development of University Hospitals, is aimed at both public and private institutions and will empower the Medical School to work closely with its clinical partners towards meeting the requirements for such designation.

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

There are comprehensive, physical and information resources available within the University, Medical School and on some of the clinical sites visited for students of the 4-year Graduate Entry degree programmes. These will also be accessed by students of the proposed 5-year programme. Facilities include a modern library, lecture theatres / PBL rooms, clinical skills labs etc.

Information resources include access to UptoDate and to evidence-based online journals.

Students have the opportunity to practice clinical skills in a simulated environment both on campus and on clinical sites. In the later years they also have the opportunity to practise on real patients across the required range of generalist and specialist practice settings in hospitals and community settings. They are supported by a wide range of clinical teachers and supervisors, including trained peer teaching mentors.

In an effort to ensure consistency of delivery across clinical sites, curriculum leads, under the Director of the Chair of Clinical Education will appraise regular student and tutor feedback to ensure regular and consistent delivery of the curriculum across the relevant clinical sites.

Current students on the 6-year programme and staff indicated that there is a need for further student space in some of the clinical sites.

Strengths

- **The School has comprehensive teaching and learning facilities on campus and across many clinical sites.**

Areas of improvement and recommendations

- **The School should look to ensure there is consistent availability of clinical skills and learning facilities (including study space) across the clinical sites.**

UNIC response:

In Limassol and Paphos, at the larger General Hospitals, we have designated study areas in the hospitals that students can utilise, as well as dedicated areas in which they can practise their clinical skills. Skills equipment has been provided by the Medical School. In the smaller hospitals, their proximity to the larger General Hospitals or, in the case of those in Nicosia proximity to the Medical School, makes a clinical skills space less necessary. However, there are study spaces made available to students at each. Specifically, in relation to Aretaeion Hospital, an extra space for students has been allocated within the hospital's expansion plans. Until such time, the conference room is readily available to students, except for three to four hours per week (includes teaching). As a further example, at Ygia Polyclinic there are three areas that students utilise as a study space, one of which is assigned for student use only.

- **The School should look to international best practice around diversity of mannequins in its future planning.**

UNIC response:

We welcome this suggestion from the EEC to develop a collection of mannikins that is more reflective of both the global population and our own cohorts of students. Although not all manikins that we use to teach clinical skills are available in a range of genders, skin tones, or ages, we have identified a number already that can be purchased. Some purchases will take place in the coming months with others over a period of two to three years, in line with our replacement process for existing mannikins.

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

7. QUALITY ASSURANCE

Findings

The School has a well-considered and functioning, quality assurance (QA) structure to meet all requirements across current programmes which aligns with University and Government quality assurance policies. This structure includes University, Medical School, Departmental and Programme QA committees as well as a sub-committee in each clinical site that reports into the School to ensure a robust quality assurance process across its dispersed clinical campus.

Academic, professional support and technical staff and student representation is present at all levels within the QA structure.

The Programme Committee prepares an annual Programme Evaluation Report which provides an opportunity for reflection on the previous year's programme delivery and for setting out an action plan for the enhancement of the programme. Through its governance structure the School collectively agrees its priorities, including priorities for programme development, on an annual basis and allocates resources accordingly. There is, in addition, the periodic 5-year review process including external stakeholders. These processes work together to ensure a robust process of review and continuous renewal.

Strengths

- **The opportunities for clinical site subcommittees to inform the on-going cycle of quality improvement.**

Areas of improvement and recommendations

- **We recommend that patients / lay representatives have a clear role in Quality Assurance processes of the future 5-year programme.**

UNIC response:

We are grateful for the suggestion of the EEC to include patient and lay representatives in the programme's quality assurance processes. We can recognise the importance of this, whereby we have a patient representative as an active member of the Medical School's International Advisory Board, and have welcomed their contributions. Specifically in relation to our programmes, until now this has largely been through opportunities for patients to provide feedback on their encounters with our students, but extending this to more formal representation in QA processes would indeed strengthen this. We will appoint a patient to be a member of the GE MD programme committee as soon as it convenes. As shown in the attached examples, patient representation and input could be included in a number of areas in line with the roll out of the programme and at school level (Appendix 7).

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

8. GOVERNANCE AND ADMINISTRATION

Findings

The School has well-defined and robust governance and administrative structures which are in line with the University's Charter and internal regulations. The School retains significant autonomy and responsibility for its own budget. The EEC notes that the School operates its own Quality Assurance, Registry and Human Resource services.

There is a robust quality assurance process at both University and School level and the School maintains a Risk Register which is updated at regular intervals. This ensures that risks are escalated where necessary and mitigated appropriately.

Students and staff representation is included in the governance structure of the School and faculty, graduate and student feedback is sought regularly to ensure all voices are heard and to best inform the quality assurance process.

The Medical School has an administrative structure encompassing a Chief Operating Officer and a professional support team of 70 administrative staff. The latter include dedicated administrative staff, funded by the School, embedded within clinical sites. While the administration to support learning and teaching was delineated, we were not provided with information around administration for research.

Strengths

- **The process of administrator evaluation and promotion within the School is commendable.**
- **The School's autonomy and responsibility for its own budget is a clear strength and an essential component to its success.**

Areas of improvement and recommendations

- **Administration for research should be represented in the administrative structure of the School.**

UNIC response:

Administration for Research is represented in the administrative structures of the Medical School by the Associate Dean for Research, with whom the EEC met. The Associate Dean for Research is supported by a Research Administrator and the School's Research Committee, which is active, formulates the Research Strategy and develops the research budget of the School. It is supported by the autonomous structures of the Medical School, such as, the administration of the Research budget and the monitoring of the progress of seed grant funding. The administrative research structures of the Medical School are further supported by university structures, including the Research and Innovation Office.

The Research Committee is one of the core committees that supports the work of the School Council. With the further strengthening of Research, and the work undertaken towards meeting our Research agenda, we are naturally happy for Research administration to also be included in the administrative structure of the School, as depicted in the revised chart (Appendix 8).

Sub-area		***Non-compliant / Partially compliant / Compliant / Not applicable***
8.1	Governance	Compliant
8.2	Student and academic staff representation	Compliant
8.3	Administration	Partially compliant

B. CONCLUSIONS AND FINAL REMARKS

The EEC commends the School on its progress to date and wishes it every success with its new 5-year programme. The EEC has no major concerns with regard to the programme proposed and therefore recommends its accreditation by the CYQAA in Higher Education.

We have highlighted commendations, have identified areas for improvement and made a number of recommendations for the School throughout this report.

We would like to wholeheartedly thank all staff members of the University and those at the clinical sites for their care in producing the comprehensive documentation, contributing to discussions and generously giving their time to inform our understanding during the visit. We would also like to thank members of the CYQAA for their support, and current students on the six year programme for their honest and constructive feedback.

UNIC response:

We wish to convey our sincere thanks to the External Evaluation Committee who kindly undertook the visit to the university and a selection of clinical sites, and who shared their considerable expertise and constructive suggestions and areas for enhancement. We are pleased that they recommend the programme's accreditation and are happy to confirm our implementation of their recommendations across the new programme.

C. HIGHER EDUCATION INSTITUTION ACADEMIC REPRESENTATIVES

Name	*Position*	*Signature*
Full Name 1	Position 1	
Full Name 2	Position 2	
Full Name 3	Position 3	
Full Name 4	Position 4	
Full Name 5	Position 5	
Full Name 6	Position 6	

Date:01 June 2022

D. APPENDICES

1. MISSION AND VALUES APPENDIX

1. Student community engagement framework

2. CURRICULUM APPENDIX

2. Pharmacology and Therapeutics stream outcomes per course
3. GEMD IPL Strategic Development Plan
4. GEMD IPL Proposed Implementation Plan

3. ASSESSMENT APPENDIX

5. External Examiners System GEMD

4. STUDENTS APPENDIX

6. Students Services Limassol Booklet

5. ACADEMIC STAFF APPENDIX

Click to add appendices for Academic Staff

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6. EDUCATIONAL RESOURCES APPENDIX

Click to add appendices for Educational Resources

7. QUALITY ASSURANCE APPENDIX

7. Examples of patient involvement

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8. GOVERNANCE AND ADMINISTRATION APPENDIX

8. Administration structure

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