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

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Doc. 300.1.2

Date: 29 November 2024

Higher Education Institution's Response

- **Higher Education Institution:**

  University of Nicosia, Cyprus / University of Patras, Greece

- **Town:** Nicosia, Cyprus / Patras, Greece

- **Programme of study**
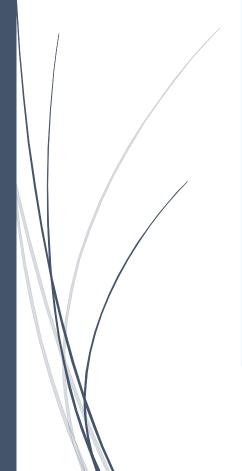 **Name (Duration, ECTS, Cycle)**

  In Greek:

  Οικογενειακή Ιατρική (1,5 έτη, 90 ECTS, Μάστερ, Εξ αποστάσεως, Διαπανεπιστημιακό)

  In English:

  Family Medicine (1.5 years, 90 ECTS, Master of Science, E-learning, Joint programme)

- **Language(s) of instruction:** Greek

- **Programme's status:** New programme of study: ☒ Expected to operate in the Winter / Spring semesters of the academic year 2025/26

- **Concentrations (if any):**

  In Greek: Concentrations
  In English: Concentrations

A. Guidelines on content and structure of the report

- *The Higher Education Institution (HEI) based on the External Evaluation Committee's (EEC's) evaluation report (Doc.300.1.1 or 300.1.1/1 or 300.1.1/2 or 300.1.1/3 or 300.1.1/4) must justify whether actions have been taken in improving the quality of the programme of study in each assessment area. The answers' documentation should be brief and accurate and supported by the relevant documentation. Referral to annexes should be made only when necessary.*

- *In particular, under each assessment area and by using the 2nd column of each table, the HEI must respond on the following:*

  - *the areas of improvement and recommendations of the EEC*
  - *the conclusions and final remarks noted by the EEC*

- *The institution should respond to the EEC comments, in the designated area next each comment. The comments of the EEC should be copied from the EEC report **without any interference** in the content.*

- *In case of annexes, those should be attached and sent on separate document(s). Each document should be in *.pdf format and named as annex1, annex2, etc.*

1. Study programme and study programme's design and development
(ESG 1.1, 1.2, 1.7, 1.8, 1.9)

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	For Official Use ONLY
We felt there may be potential to perform a more thorough market analysis of potential students (with a focus on social contract issues)	We were pleased with the positive report of the External Evaluation Committee (EEC) and to note that they found the programme to be compliant in all areas. This Greek language programme was designed on the basis of adaptations in the national healthcare systems in both Greece and Cyprus, with a clear shift of emphasis towards primary care. There are a number of recent Medicine graduates that wish to strengthen their skills with an academic programme in primary care, that complements their clinical postgraduate training and exposes them to the possibility of an academic career in general practice. The programme's flexibility is crucial for those physicians coming from and/or working in rural and remote areas, ensuring they have access to such academic opportunities without needing to relocate. Our comprehensive market analysis, undertaken to ensure our programme aligns with both student needs and broader societal healthcare requirements, has involved a detailed examination of social contract issues, such as workforce demands within the healthcare systems, demographic shifts, and regional healthcare access challenges. Our goal is to derive actionable insights that guide curriculum revisions and help us effectively reach potential students. We evaluate our market analysis strategy, to remain attuned to societal changes whilst incorporating feedback from internal and external stakeholders, as well as our graduates.	Choose level of compliance:

Generalism: As the programme progresses, this could potentially be considered as a distinct curriculum topic to better align with a comprehensive care philosophy. We liked the secondary care input, but there's an obviously need to ensure that all faculty are viewing the course through a primary care lens, with its concepts of holistic care and co-ordinated care	In response to the recommendations of the committee, we are pleased to confirm that concepts underlying the '6 Cs of generalism' — comprehensive care, complexity, context, continuity of care, communication, and collaboration — are integral to our existing curriculum.

We have already embedded specific learning outcomes focused on these principles in the courses offered during semesters 1 and 2.

Building on this, we have also introduced a dedicated generalism stream. This longitudinal curriculum component, led by an experienced general practitioner, includes synchronous teaching sessions that focus on the practical application of generalist principles. The lead practitioner is able to collaborate with faculty from the core semester 1 and 2 clinical courses, selectively participating in case-based learning synchronous activities. During teaching, family physicians can be role models by enacting the 6 Cs; to encourage frank and open discussion with learners of the unique challenges and rewards of practising generalism, using their own experiences as illustration.

An introductory session on the generalism stream as part of the induction week, sets the stage for students to engage deeply with these concepts from the outset. Interactive activities, such as forums and discussions, help to facilitate dynamic and meaningful dialogue among students about generalism in practice. Involving resident doctors who may be dealing with similar challenges, in these discussions provides an opportunity for near-peer insights, and helps to reassure learners and encourage them to share their questions. At the end of semesters 1 and 2, students complete reflective pieces of work on the theme | Choose level of compliance: |

	of generalism, encouraging them to critically engage with and internalize these vital concepts. (Please see appendix 1). GP faculty, equipped with the necessary tools to implement generalism concepts effectively, are well-prepared to integrate and emphasize these core principles and support specialists across their teaching.	
A clearer academic pathway may be of benefit highlighting, for example, opportunities to progress from the masters to PhD fellowships – this was also a wish of students we talked to	We understand that the committee refers to a career pathway that could lead to an academic career and have taken this into account. In particular, we prepare those students that may want to progress to a PhD as part of an academic career, through an academic environment that encourages and supports them toward research and further study, through: 1. FMED521G: Evidence-Based Practice: this is an entry point for students to explore research concepts and understand their significance in evidence-based practice, setting the stage for further study. 2. FMED590G: Research Methodology: This mandatory course provides students with essential applied research skills, equipping them with the tools needed to design, conduct, and analyze research projects. 3. FMED591G: Research Project Course: Students can undertake a significant research project culminating in a master's thesis. This thesis can serve as a proposal groundwork for future PhD studies. 4. Research-informed Courses: Over and above the research specific courses, all courses of the programme are research-informed. Each course within the programme includes relevant research papers, encouraging students to engage with scholarly work and enhance their critical appraisal skills. 5. Academic Mentoring: We actively promote mentorship opportunities that	Choose level of compliance:

	encourage academic and research careers in primary care. Mentors signpost students in research endeavours, including to follow the research pathway of the Family Medicine programme, and encourage participation in national and international conferences.	
	6. Research Engagement Opportunities: The programme includes opportunities for students to engage in the UNIC Medical School's 'Students in Research Programme' and collaborate on faculty projects focused on population health, epidemiology, and clinical research in collaboration with the University of Patras. Information about other research opportunities that are available at each institution, as well as collaborative research from the partnership between both institutions, is made apparent to students e.g., the dedicated Research pages on the website and Moodle.	
	7. Research Dissemination: We share the latest research news from UNIC and the University of Patras with students, to keep them informed of cutting-edge developments and potential collaboration opportunities.	
	8. UNIC Research Ethics Workshop: a collection of materials on Research Integrity and Ethics, Good Clinical Practice, and Data management.	
	All the aforementioned initiatives expose students to research and help highlight opportunities to strengthen their research skills and encourage involvement.	
Thinking about current Greek/ Cyprus medical students: new graduates have more sophisticated concepts of patient-centredness (than, say, 10 years ago) which the programme should take account of. What is the status of current residency programmes? Are there any plans to formalise their curriculum?	The programme is designed specifically to cater for physicians with diverse training and clinical experience backgrounds, with a strong emphasis on a patient-centred approach. Each course within our curriculum is informed by the World Organization of Family Doctors (WONCA) competencies. Integrating patient-centeredness effectively into our curriculum is	Choose level of compliance:

| | accomplished through various strategies and elements of the programme, thus ensuring all candidates gain this competency irrespective of prior experience. These strategies and elements include:

• Patient-Centred Communication Teaching:
• Simulation-Based Learning:
• Shared Decision-Making teaching:
• Generalism Stream:
• Reflective Practice (for Generalism Stream and WBPA)
• Patient Narratives and Storytelling during synchronous activities with tutors
• Continuous Assessment
• Integrative Medicine and Wellness
• Feedback from Joint Advisory Council
• Cultural Competency Training

Residency Programmes:
Regarding residency programmes, it is important to note that we currently do not offer such programmes, as they are under the purview of the Ministry of Health in both Cyprus and Greece. However, our Joint Family Medicine programme is crafted to support the existing residency training by deepening the knowledge and clinical skills of medical graduates with emphasis in WONCA competencies. Our goal is to fortify the capabilities of general practitioners, thereby improving patient outcomes and addressing the evolving needs of the healthcare systems in Greece and Cyprus. We actively seek opportunities for dialogue and collaboration with health ministries and other institutions involved in medical education. By doing so, we can contribute to discussions regarding the formalization and continuous improvement of residency curricula, ensuring they reflect contemporary clinical practice and research. | |

| The course organisers might want to place the course on the spectrum of master in primary care programmes internationally. Some teach, almost exclusively, more advanced topics such as quality of care, professionalism, health systems, chronic disease management (for example postgraduate.degrees.ed.ac.uk/?r=site/view&id=870). This programme clearly needs to focus on more basic clinical skills. What aspects of these might they include? (acknowledging that some are already included in elective offerings) | We have positioned the programme to meet both international standards and the specific needs of the healthcare systems in Greece and Cyprus. While other international programmes, such as the one provided by the University of Edinburgh, place emphasis on advanced topics such as quality of care, professionalism, health systems, and chronic disease management, our programme, in meeting the diversity of our student cohorts (e.g. not all will come from a family medicine background, and cohorts will include recent MD graduates and rural doctors without specialty training), aims to ensure that we provide a robust foundation in basic clinical skills while also integrating essential advanced topics that align with the demands of contemporary family medicine practice where appropriate.

The choice of elective courses offered, reflects (i) our recognition of the importance of addressing advanced topics and (ii) the expected preference of students on advancing to more specialized topics. Nevertheless, these important topics are introduced in the core curriculum of semesters 1 and 2, ensuring exposure of all students to fundamental concepts. For example, during semester 1, students are introduced to clinical audit and quality improvement methods and the importance of evidence-based practice and clinical recommendation for quality of care. | Choose level of compliance: |
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2. Student – centred learning, teaching and assessment
(ESG 1.3)

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	For Official Use ONLY
The programme aims to recruit around 30 students, though it could still operate with as few as 15. Despite potential financial challenges with a smaller cohort, fewer students present valuable opportunities to develop more student-centred teaching and assessment methods. The synchronous webinars were well-received, although the number of sessions offered is limited due to students' commitments as working professionals. Faculty might consider incorporating more asynchronous social learning activities, such as discussion boards and formative peer feedback, allowing students to interact flexibly.	We have included asynchronous activities, such as general discussion forums and question-specific discussion fora per course, to provide flexibility to students which is key for mature learners that are working in a professional environment. These platforms facilitate ongoing asynchronous interaction and dialogue, promoting a collaborative learning environment. Some synchronous activities incorporate peer feedback (e.g. role play/ simulated patient teaching, oral presentations, case-based learning), though we acknowledge the constraints working professionals can face in attending live webinars. Therefore, we have several asynchronous learning opportunities incorporated, and have expanded our discussion boards to increase the variety, scope and opportunities for students to present and discuss interesting real-life cases (ensuring GDPR), post questions raised during daily clinical activities, receive peer feedback on formative WBPAs, share challenges and opportunities for their healthcare settings, discuss and critically appraise research papers. Students are able to post online resources they consider interesting and relevant, including open-source consultation and examination videos, schedule small group meetings/ discussions with peers, disseminate conferences, professional societies' announcements and medical news from Greece, Cyprus or abroad. These expectations are presented, and details will be introduced, as part of the induction week.	Choose level of compliance:

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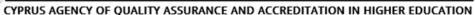|		
The fact that all students work with patients daily provides a valuable pool of experiences that could be leveraged more in teaching. Self-directed learning formats, such as regular small-group meetings in a peer-to-peer format, could be used to discuss everyday issues (both clinical and administrative aspects of practice). An appreciated feature that could be used more frequently is recorded videos of examinations. Since the number of students is quite small, more opportunities to share experiences in asynchronous discussions, such as discussion forums, could be considered.	To further enhance our learning environment, we have expanded our discussion boards as explained above. Students are reminded about the availability and benefits of the discussion forums and encourage their active participation. Expectations and logistical details regarding these opportunities are communicated to students during their induction week, including GDPR compliance at all times, and in particular when a student shares real life cases. The importance of incorporating a wide array of recorded consultations is recognised, for example, in FMED-511G, Communication and Consultation Skills, where we facilitate structured reflection and peer discussion and feedback. Students can share their own videos (via Moodle) after they provide evidence of patient consent and ensuring the anonymisation of personal identifiers to protect privacy. For Workplace Based Assessment (WPBA) Clinical Examination and Procedural Skills (CEPs) we have a consent form and a secure path for viewing uploaded recorded videos, which is also utilised to ensure access to any videos (on the discussion boards) are securely controlled and limited to relevant educational purposes within the programme.	Choose level of compliance:
It is important to check whether the Moodle platform provides sufficient security to upload patient data (videos of personal consultations).	We confirm that the Moodle platform allows for password protection, and students are provided with detailed instructions on how to upload their assignments using this secure method. They are first introduced to Moodle during orientation, and specifically in respect to their assignments as part of their assessment briefings. There is a specific assessment briefing that relates to the Workplace Based Assessments, during which the importance of confidentiality is again emphasised.	Choose level of compliance:

Regarding assessment the process for standardised assessment could be further elaborated, especially considering the heterogeneity of workplace environments.	We utilize a variety of assessment methods, including WPBAs, reflective essays, applied knowledge tests with single best answer questions (SBAs), essays and projects, that allow us to evaluate students' skills and knowledge from multiple angles, reflecting their competencies comprehensively. We have uniform assessment criteria and rubrics and our approach combines both formative assessments, to provide feedback and foster student development throughout the programme, and summative assessments, to evaluate overall competency. Assessors receive Marking Descriptors and standardized assessment forms where they are required to describe what went well and what could be improved. Students are provided, from the beginning of the programme (orientation week), with a scheme of assessment, guide for WBPA assignments and good examples of those, as well as the deadlines for formative and summative submissions and the dates of exams at the beginning of each semester. Students are given flexibility in the selection of cases for WBPA case reviews considering heterogeneity of workplace environments e.g., if they work in setting where they do not examine, they can be instructed to present a discussion with mother/father about child vaccination or specific challenges, health problems or concerns related to their children or discussion on breastfeeding with a young mother etc. Faculty training in assessment is mandatory for new faculty, and refresher training is offered every year, providing opportunities to receive feedback and ideas for improvement and adaptation, based on real life experience of assessment delivery.	Choose level of compliance:
Discussions arose regarding online student assessment and also the role	The University recognises the significant impact that Artificial Intelligence (AI)	Choose level of compliance:

of AI in evaluation. The university has a system in place for online proctored exams. We would also encourage the faculty to continue developing student-centred assessment methods. Faculty knowing students well—which is possible with a smaller student group, as in this case—can also help mitigate issues related to academic integrity. Introducing AI during some selected parts of the programme could be beneficial; for instance, encouraging students to use AI in support of their academic writing, with the expectation that they describe how they utilised AI technology. It is essential to clarify that students are personally responsible for the assignments they submit. In the future, graduates will likely use AI in their professional roles, and the programme could help prepare them for this emerging competency.	tools, including various forms such as generative AI, machine learning, and natural language processing, are set to have on society. The University has established a 'Policy for the Use of AI Tools', to provide a comprehensive framework to ensure the responsible and ethical use of AI technologies while harnessing their potential to enhance the university's effectiveness and efficiency. With all postgraduate programmes, students are encouraged to use relevant AI tools in their assignments, while critically evaluating and declaring their input. This is introduced to the students through the assignment guidelines. The Medical School has established a template (annex) for reporting AI use in coursework activities, helping students acknowledge AI use in their assignments, in a structured way. This annex is requested along with the coursework and includes an 'AI tool use declaration' requiring students to list all of the tools used, with details of how they were used, and the types of prompts used throughout, to reach the submitted assignment. In addition to this, the assignment guidelines also stress that students have overall responsibility for their submissions, and that all work submitted should adhere to the principles of academic integrity.	
More detailed data on graduate outcomes from the existing English language programme would be helpful. Where are the graduates working? How has it contributed to their career progression? This could help shape the new curriculum as it evolves to meet student needs and priorities.	For all of our programmes, we use a graduate survey to track where our graduates are working and to understand how their career has been impacted by completing the programme. We also use the survey as an opportunity to maintain contact with those graduates that may be looking for continued support from our Careers and Alumni team. The most recent survey results from the graduates of the English language programme, demonstrate that the	Choose level of compliance:

| | programme has contributed to their development, with 100% responding that they are utilizing what they learnt in their current role. Graduates note that the programme helped them to grow their professional network; and, advance to a higher position, start a new job and/ or receive new job opportunities.

The survey results of the existing programme illustrate the global reach of our programmes, with graduates responding from the Middle East, Africa, Europe and North America. | |
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| It could be further elaborated on how the expected learning outcomes align with Bloom's taxonomy. It would be good to see a stronger reference to Bloom's taxonomy in the programme development documents. | We are pleased to confirm that as part of the programme's development, faculty used Bloom's taxonomy in the process of curriculum development, and specifically in orientating the types of objectives and outcomes to the level of the programme.

In the joint MSc in Family Medicine, the intended learning outcomes correspond to the higher cognitive domains of Bloom's taxonomy and concern the application, analysis, evaluation and synthesis of concepts and approaches central to primary care. Students are expected to make evaluative judgements about specific contexts and to synthesise material from diverse learning elements (such as clinical knowledge, communication skills and evidence-base).

For postgraduate eLearning programmes, such as this, details and guidance on the use Bloom's taxonomy are given within the Distance Learning Faculty Handbook. Instructions are also included in a detailed 'how to' guide provided to faculty to support them in the development of their individual courses and associated Study Guides. In both instances these details included information on how to set course learning objective and outcomes based on Blooms taxonomy (with list of verbs per cognitive level) as well as examples | Choose level of compliance: |

	of good practice to help guide faculty. The Programme Coordinator was, and remains, available to provide their support to faculty when they were developing their outcomes and objectives based on Bloom's taxonomy. In addition, online training sessions where these concepts are discussed in detail have been delivered to the programme's faculty. Further, in the review of new programme applications, guidance is also provided to faculty when it is felt that outcomes and objectives could be better matched to Bloom's taxonomy. So that students are aware of Bloom's taxonomy and how it is used in the programme's development we have added a reference to it in the programme handbook.	
Patient centredness is referred to yet several resources related to communication. It might be worth considering a text with a stronger focus on patient centredness. We can recommend the following book: Stewart, M., Brown, J. B., Weston, W. W., Freeman, T., Ryan, B. L., McWilliam, C. L., & McWhinney, I. R. (2024). Patient-centred medicine: transforming the clinical method. CRC press. Given the nature of patient centred care: it would be good to emphasise/embed interprofessional and interdisciplinary concepts. We did get a strong sense that the programme wanted to graduate students with skills in working in multi-disciplinary primary care teams, but this could be emphasised more strongly in study materials.	We are pleased to confirm that the suggested book has been added to the recommended reading list for the programme, together with *Generalism in Clinical Practice and Education*. Edited by Park, Sophie and Leedham-Green, Kay. UCL Press 2024. URI https://library.oapen.org/handle/20.500.12657/92443. We have also added to the recommended reading, the Greek language book, *Doctor-patient relationship - Instructions for Effective Communication. For medical students and resident doctors in general/ family medicine*', Authored by Lionis, Christos; Iatraki, Eliza; Pitelou Petelos, Eleni Elena; Alexiadis, Aristidis-Dimitris; Aspraki, Gavriella; Georgiannos, Nikolaos; Markaki, Adelais; Razis, Nikolaos. Kallipos, Open Academic Editions 2015; freely available online). Interprofessional and interdisciplinary concepts are included in the programme curriculum and given more prominence in the Generalism stream, since these concepts are essential for achieving comprehensive and	Choose level of compliance:

	continuous care, communication, and collaboration.	
Simulated patients are frequently referred to. It would be good to elaborate more on how this is standardised.	To ensure the standardization of simulated patients (SPs) in our programme, we have a long-established comprehensive SP training and calibration system and use the ALOBA process to help both the learners and the tutors, and guide them through setting up the role plays and feedback process. The standardization process includes various steps: the simulated patients (SPs) are first trained on how to simulate the patients in the various scenarios they receive as well as on how to provide constructive feedback to students. They then shadow experienced SPs to observe how to enact the scenarios and then invited to learn shorter scenarios used for the undergraduate medical degree. Once they have more experience, they are invited to deliver scenarios for the postgraduate level sessions. They receive their scenarios one week prior to each session to read and learn. They then meet with the course lead one hour prior to each session to go through the calibration process and address any questions. This process involves a short role play. At the end of either the teaching or the exam, the Course Lead provides feedback to the SPs on what went well and what they could improve in their future performance.	Choose level of compliance:
It would also be good to add an exemplar of a learning contract (referred to in the study guide) as an appendix to guide students and tutors to maintain a consistent approach. See https://www.ncbi.nlm.nih.gov/books/NBK560864/	An example of a learning contract to further support students and instructors in maintaining a consistent approach has been added as an appendix to the FMED-511G course, Communication and Consultation Skills, as per the committee's suggestion. (Please see Appendix 2).	Choose level of compliance:
The study guide also mentioned that students will be required to watch selected patient-centred video consultations, which highlight the	The video consultations provide the opportunity to the learners to observe how the various communication skills techniques are implemented as well as	Choose level of compliance:

clinical communication skills associated with each theme. Could the organisers provide more insight into the reasoning behind including this component? Will there be an accompanying analysis and critique of the videos?	what techniques were omitted or incorrectly implemented, thus helping them hear and visualize an interaction as well as develop their critical thinking of the key communication skills being discussed via observation. The students have to use the Clinical Skills Assessment (CSA) tool to assess these video consultations in order to get a first-hand experience of how their own video recorded consultations will be marked. In addition, each session is followed by a quiz which incorporates questions about the key skills the learners observed through the videos. The Course Lead also encourages the learners to ask questions about the videos during the webinar before they start the role plays.	
Regarding the Essential Learning Outcome (ELO) to "name and describe the historical development of the medical session," could you clarify what this entails?	During the first session, the students are provided with an extensive recorded powerpoint on the historical development of the medical consultation and the different models of primary care medical consultations [e.g. traditional medical interview, Transactional Analysis (Berne 1964), 'Physical, Psychological and Social' (1972), Six Category Intervention Analysis (1975), Byrne and Long (1976), Stott and Davis (1979), Helman's 'Folk Model' (1981), Pendleton, Schofield, Tate and Havelock (1984), etc.]. The learners are encouraged to read the related material (webinar and available resources) and then answer the questions included in the related end-of-the session quiz. The learners are encouraged to think about how the medical consultation has developed over time and the evidence that underpins the patient-centred approach adopted in current medical interactions.	Choose level of compliance:

3. Teaching staff
(ESG 1.5)

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	For Official Use ONLY
Increase capacity building in primary care faculty: We noted the impressive representation from secondary care colleagues. Of course, primary care is very non-disease specific; it features multi-morbidity, chronic disease management, dealing with an ageing population, increasing frailty, holistic care, continuity of care. The specialist colleagues present had a good grasp of these concepts (many had worked in primary care environments) but the concepts could be stated more explicitly, following a curricular framework for "generalism" (e.g. https://sapc.ac.uk/sites/default/files/rcgp-curriculum-guidance-oct-2018.pdf). Strengthening the representation of primary care faculty as planned in Patras will strengthen not only the delivery of content but also the credibility and the impact of the faculty in the political process.	At the University of Nicosia, there is a large, experienced team of primary care faculty, which complements the strong well-qualified secondary care team at the University of Patras. The programme includes a dedicated generalism stream, led by a senior, experienced general practitioner. This stream includes synchronous teaching sessions, and collaborative case-based learning with specialist and GP course leads, as well as interactive student forums, all designed to bring generalist principles to life. Involving existing (and new) GP instructors in teaching activities of all courses of semesters 1 and 2, offering their personal experiences to enrich learning and foster open dialogue, provides invaluable insights into the challenges and rewards of practicing generalism. Consistent integration of the stream is achieved through specialized training sessions for all instructors (GPs and specialists), and prepares faculty to effectively implement and emphasize the vital concepts of generalism across their teaching practices.	Choose level of compliance:
Improve access to training for hard-to-reach faculty: While training opportunities are ample, those who may benefit the most from one-on-one consultations may be the ones who are most difficult to reach. It is critical to ensure also reaching those faculty members in training programmes. After the initial mandatory training, additional sessions, possibly required, could be considered to maintain faculty development momentum and engagement.	The Medical School has a series of mandatory training and development sessions that faculty are expected to attend, and maintains records of those faculty that have completed these. Where identified as necessary, refresher training is provided. Refresher sessions are also routinely made available to all, to encourage faculty to remain up to date on pedagogical developments, and new educational concepts and tools. Tailored training is offered, on a one-to-one basis as necessary, and is often	Choose level of compliance:

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	used to provide more personalized support from senior GP faculty.	
	Both the Pedagogical Support Unit (PSU) and eLearning Pedagogical Support Unit (ePSU) regularly develop new sessions, based on identified needs as well as emerging educational technologies. Supporting PSU and ePSU, are the Distance Learning Unit that provides all the staff and infrastructure required to support the development and delivery of online courses and examinations, and the Technology Enhanced Learning Centre (TELC) that supports digital education and aims to improve the digital literacies of students and staff. TELC offers supplementary one-to- one sessions and support to introduce and familiarise faculty with new and existing technologies.	
	Opportunities for faculty to reflect on their teaching experiences and share good practice with their peers are also made available, both internationally and locally, for example, through the annual conference of family medicine doctors that the Medical School organises.	

4. Student admission, progression, recognition and certification
(ESG 1.4)

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	For Official Use ONLY
To strengthen student support, the programme could establish regular, scheduled mentorship meetings each semester. This would provide structured guidance on academic progression, mental health, and time-management, especially important for students balancing clinical responsibilities.	The Academic Mentoring scheme is compulsory for all postgraduate students, with students expected to meet with their mentors at least once per Semester, throughout the duration of their enrolment. The same applies to the new joint programme in Family Medicine. The first meeting takes place within the first two weeks of the student being assigned to their mentor. This introductory meeting is used for the mentor and mentee to get to know each other and to inform students about matters that the mentor can support them with during their studies (e.g. Personal and Professional Goals, Time availability and decisions on mode of study (FT or PT), Clinical Experience and Skills Development, Academic Progress and Challenges Career Pathways and Opportunities, Research Opportunities and Interests, Work-Life Balance and Well-being) and to help students decide how to move forward. Furthermore, the Academic Mentors advise students on who to contact about any physical or mental health concerns, including the dedicated UNIC Health Student Health Services' Physician. Information concerning student support is also signposted within the students' Mentor Handbook, Programme Handbook, and on Moodle. We find this key for mature students, that are all working professionals, since they are offered an early opportunity to discuss the realities of what is needed from the programme, and determine if studying part-time would better fit with their professional and personal commitments. Thereafter, there are no specific limits to the number of additional	Choose level of compliance:

	times a student may wish to contact their mentor. It is also important to note that mentors are encouraged to reach out to their mentees, at least once a semester, through reminders from the Programme Administrator. Meeting the minimum requirement for mentor meetings is monitored by the Programme Administrator, using the Postgraduate Programme Meeting Record Sheet, that both the mentor and the mentee need to sign and submit after each meeting.	
Clarifying the programme's connection to professional accreditation pathways in family medicine within Greece and Cyprus would enhance its relevance, providing clear value to students aiming to advance in these regions.	The current situation in primary care in Greece is that young doctors cover the rural areas. After serving in rural areas they can choose specialty training. In both Greece and Cyprus, there is a requirement for a specialization in family medicine, set by the Ministries of Health, that are the only defined accreditation pathways in both countries. Notwithstanding this, due to the fact that there is a shortage of trained family physicians, the governments employ a number of physicians in primary care who do not have specialty training in family medicine. Our joint master's programme in family medicine has been designed to support and enhance existing pathways, such as the residency training programmes of the Ministries of Health. Moreover, our programme is specifically designed to introduce physicians without official family medicine training, who practice in primary care settings, to core competencies and important concepts of family medicine. This approach ensures they are well-equipped to deliver quality care at the primary level. Additionally, the programme is tailored for recent MD graduates who are transitioning from graduation to residency training. Whether working as foundation doctors in hospitals or serving rural and remote areas, this programme attracts them toward considering a career in family medicine,	Choose level of compliance:

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	emphasizing its critical role in the healthcare continuum. We actively collaborate with healthcare and educational bodies to ensure our curriculum remains relevant, beneficial, and attuned to the standards and requirements of practice within the region. The Master's is not expected to replace formal residency programmes, but to support the foundation provided by existing professional training pathways and offers distinct advantages and supports, for example an in-depth exploration of clinical principles to enhance practical skills.	
Offering micro-credentials for individual modules should also be evaluated as a potential enhancement, allowing professionals to engage with specific aspects of the programme without committing to the full course. This approach aligns with current trends in European higher education and could make the programme more accessible to a broader range of healthcare professionals.	Recognising the emergence of micro-credentials (particularly in the European Higher Education Area) in recent years, a framework for micro-credentials is being developed at national level by the regulator (CYQAA). We will work within the framework approved by the regulator and welcome the opportunities and impact that microcredentials can provide to professional and vocational learning.	Choose level of compliance:
Finally, the programme could benefit from developing a portfolio-based framework, allowing students to compile evidence of their learning and experiences, particularly in practical and reflective skills. Such portfolios could support submissions to Advance HE's fellowship scheme (see Advance HE Fellowship) or the Academy of Medical Educators' (AoME) accreditation scheme (see AoME Accredited Courses), enhancing the professional value of the MSc for students interested in careers in medical education or family medicine.	We recognise the value that such a framework could provide, by allowing students to document their learning and experiences, through a portfolio, and extending this beyond their graduation. We utilise an existing eportfolio system, and are at the stage of considering options to extend this, in turn supporting family medicine students, and in particular to those that are interested in an academic family medicine career.	Choose level of compliance:

5. Learning resources and student support
(ESG 1.6)

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	For Official Use ONLY
While the MSc in Family Medicine is well-structured to deliver quality distance learning, there are several areas that could be strengthened to enhance regional relevance, improve support mechanisms, and ensure sustainability.	We thank the external evaluation committee for their positive feedback on the structure of the programme and for their considered recommendations. To ensure the programme's content remains pertinent to the unique healthcare challenges and priorities of Greece and Cyprus, we: • Have strong partnerships with local healthcare institutions and professional bodies to ensure the curriculum addresses region-specific health concerns and practices. Towards that direction is the role of the Joint Advisory Board of the programme. • Involve faculty who have strong ties to regional healthcare systems, to bring local insights and experiences into the virtual classroom. • Regularly review and update course materials to reflect emerging regional health issues, aligning with national healthcare strategies and policies. With regards to support mechanisms, we offer a student-centered learning experience and support our distance learning students through i) Developed robust academic advising and mentorship programmes tailored to individual student needs, ii) Comprehensive student services and iii) technical support services to facilitate seamless access to learning platforms as well as with iv) a sense of community among students through synchronous activities and online forums boards, enhancing engagement and peer learning. To maintain the sustainability of our programme, we have a system of regular feedback and programme evaluation, allowing us to make data-driven decisions for continuous enhancement. Moreover,	Choose level of compliance:

	in cultivating long-term partnerships with stakeholders in healthcare, education and governmental sectors we provide programme visibility and which could potentially bring in funding opportunities for scholarships and other resources.	
Firstly, although the programme effectively adapts UNIC's existing English-language model, it could better address the specific healthcare needs of Greece and Cyprus. Integrating regionally focused content, such as rural healthcare delivery, would allow the curriculum to align more closely with the realities of family medicine in these areas. Additionally, including "generalism" as a standalone topic within the curriculum could reinforce the holistic care approach that is foundational to family medicine. Incorporating optional modules or case-based studies on quality improvement initiatives would also provide students with practical tools for driving change in their local contexts.	We address the regional healthcare needs of Greece and Cyprus through the programme's courses and generalism stream. The courses, with case-based learning synchronous live webinars already provide opportunities to discuss and explore the challenges of rural healthcare delivery. For example, incorporating real-life case studies and examples that are specific to Greece and Cyprus contextualizes learning and addresses local realities.

Further, guidelines that are pertinent to the countries of the majority of the student cohort (Greece and Cyprus) are included in the programme. The combination of courses' and the generalism stream's sessions and activities (that focus on multi-morbidity, chronic disease management, and patient-centered care) ensures that students gain a deep understanding of comprehensive care principles and holistic healthcare approaches in the context of regional healthcare.

Concepts and methodology related to audits and quality improvements in healthcare settings are emphasized in the FMED521G Evidence-based Practice course, including setting of explicit criteria of good practice, acceptable standards of meeting the criteria, and reliable methods of data collection and analysis. Further, this course has the potential to support students who are interested in conducting audits in their own organisation or place of work as an extracurricular activity.

These existing elements ensure that our programme remains comprehensive and relevant, equipping students with the knowledge and tools necessary for | Choose level of compliance: |

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	effective family medicine practice in Greece and Cyprus.	
The mentorship framework, while well-structured, could adopt a more proactive approach to better support working professionals. At present, mentors are available as needed, but establishing regular check-ins each semester would ensure consistent engagement and provide ongoing guidance, particularly useful for students balancing clinical and academic responsibilities.	We are pleased to clarify that students are expected to meet with their Academic Mentor at least once per semester. Follow up by the Programme Administration team takes place with those students who do not adhere to this, so that they meet with their mentors as required. Further, course leads are able to monitor engagement with the teaching and learning via the Moodle platform and with synchronous activities participation. The DL Unit provides metrics on student engagement with each course.	Choose level of compliance:
The resources and IT infrastructure provided by UNIC are robust, yet it will be important to regularly evaluate their adequacy over time, particularly as student enrolment fluctuates. As the programme grows, expanded technical support during peak periods would help mitigate potential disruptions and ensure students have uninterrupted access to resources.	UNIC proactively manages its eLearning resources and IT infrastructure through a variety of measures, including regular quality assurance activities, such as feedback surveys, regular testing and audits. Robust recruitment strategies allow for planning any staff expansion where necessary. More specifically, students on our postgraduate eLearning programmes are asked to provide feedback on their satisfaction with resources after each module, as well as part of the annual Student Experience Survey (SES), scoring >90%.	Choose level of compliance:
Finally, offering optional in-person events, such as a short summer school, could add significant value by enabling hands-on learning opportunities and facilitating peer connections. This blended approach would offer the flexibility of distance learning while creating space for meaningful face-to-face interactions, a balanced approach that could strengthen engagement for regional students.	We thank the EEC for this suggestion. Since students will be working professionals and may be based in remote/ rural areas, at this stage it will be difficult to provide an equitable offering to all students if in-person events are delivered. There are several online activities within the programme, as well as online social activities organised by the Student Services team, for which increased signposting has been addressed in Moodle.	Choose level of compliance:

7. Additional for doctoral programmes
(ALL ESG)

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	For Official Use ONLY
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7. Eligibility (Joint programme)
(ALL ESG)

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	For Official Use ONLY
The long-term viability of the joint arrangement between the two institutions should be regularly assessed. It is important to establish mechanisms that ensure sustained collaboration, addressing potential challenges such as diverging priorities between the institutions in the future. Proactive measures, such as shared strategic goals and regular joint evaluations, could help maintain alignment and strengthen the partnership over time.	The ongoing success of the joint programme and cooperation agreement that underpins the initiative is monitored via a variety of methods, including robust governance structures. At programme level, there is a joint Coordinating Unit (JCU) whose role is to monitor the entire educational process governing the operation of the programme's academic and administrative aspects. The JCU's periodic review of the programme, assessing its effectiveness and considering necessary adjustments to improve collaboration, fosters a culture of openness and trust and promotes alignment. The JCU feeds into the committee and governance structures at both institutions. Additionally, the JCU can refer upwards to the expertise of the Scientific Coordinators, senior faculty who represent each of the universities, and who have oversight of the joint activities relating to the partnership and responsibility for the viability of the programme overall, within the regulatory frameworks of the respective institutions. Moreover, the Scientific Coordinators provide an integral link to the senior echelons of University of Nicosia and the University of Patras, such as the Rectors, Presidents and respective Senates and Councils, and through which the strategic goals for the long-established inter institutional partnership are defined. The regular, effective monitoring of these goals allows both parties to be assured of the ongoing sustainability of the partnership.	Choose level of compliance:

B. Conclusions and final remarks

Conclusions and final remarks by EEC	Actions Taken by the Institution	For Official Use ONLY
This evaluation has highlighted the strengths of the new MSc in Family Medicine, a thoughtfully developed programme by the University of Nicosia (UNIC) and the University of Patras (UP). Designed to address a clear gap in postgraduate family medicine education in Greece and Cyprus, the programme targets medical graduates who may currently be engaged in residency but lack a structured, formal educational framework. Through accessible online delivery, it enables students to develop essential family medicine skills—including holistic care, chronic disease management, and continuity of care—without disrupting their clinical roles. In establishing this joint venture, UNIC and UP have effectively combined their expertise and resources, positioning the programme to serve the needs of regional healthcare systems. This partnership not only broadens access to family medicine training but also supports the development of leadership and academic skills, encouraging students to consider roles that combine clinical practice with teaching, research or management.	We wish to thank the External Evaluation Committee once again for their positive approach and noting our compliance in all areas. We envision that, in building on the existing strong collaboration between the University of Nicosia and the University of Patras, and with the expertise of our faculty, we will deliver an educational experience that will serve to meet an existing need, by providing a programme in the Greek language for those GPs in Greece and Cyprus seeking to expand their core academic skills that supports their clinical practice.	Choose level of compliance:
The committee were particularly impressed by the enthusiasm and commitment across both institutions - from senior leadership to teaching and administrative staff. This dedication is driven by clear, shared goals: to train family doctors equipped not only with clinical competencies but also with a profound understanding of the communities they serve. This approach aligns with the programme's vision of embedding primary care at the core of healthcare	The recognition of the enthusiasm and commitment of staff and faculty at all levels, and how they work as a team, is gratefully received.	Choose level of compliance:

systems in Greece and Cyprus, ultimately aiming to improve health outcomes through locally focused, compassionate care. Graduates of this programme will be well-positioned to champion wellness and preventive care across the region, fostering stronger, community-centred healthcare.		
While the programme has a promising foundation, there are a few areas for ongoing attention to ensure its continued relevance and sustainability. One key consideration is the need for UNIC and UP to maintain strong alignment in their partnership, as differing priorities or shifting institutional objectives could impact the programme's direction. Establishing shared strategic goals and conducting regular joint evaluations will help to address potential challenges and ensure the collaboration remains productive and mutually beneficial.	The success of the joint partnership will be evaluated at regular intervals. For example, programme considerations and partnership goals are incorporated into the respective strategic development plans of both universities. Senior faculty of the University of Nicosia and the University of Patras, such as the Deans, Rectors, Presidents and respective Senates and Councils, maintain responsibility for the inter institutional partnership which is well-established. Their regular monitoring of shared strategic goals assures the sustainability of the collaboration in the longer term. This also provides opportunities for further actions and to address any issues as necessary.	Choose level of compliance:
Additionally, the programme will need to consider recruitment strategies carefully, especially in the context of an evolving healthcare landscape where more holistic training is becoming integrated at the undergraduate level. As the skills and expectations of medical graduates evolve, the programme's appeal will depend on offering distinctive, relevant learning outcomes that meet the needs of healthcare professionals. To maintain its competitive edge, the curriculum will require periodic updates, particularly as advancements in primary care training and policy shifts may influence what postgraduate learners seek in family medicine education.	As part of annual processes, such as budget and capacity planning, programme needs are considered. Likewise, course leads are expected to review their curriculum annually and feed into programme level activity, such as the completion of a yearly Programme Evaluation Report by the Programme Coordinator. These contribute to ensuring the programme's ongoing relevance. Every five years, the programme is subject to a Periodic Review, that considers the programme's feasibility and sustainability more holistically. The Periodic Review involves a number of key contributors, including students, and external experts such as the Medical School's International Advisory Board. Additionally for the joint programme, this includes a Joint Advisory Council, with representation	Choose level of compliance:

	from patient representative groups, Family Medicine Associations, and senior academic GP experts. For clarity, in addition to the Periodic Review, students as key stakeholders are involved in all levels of review, for example, from the completion of feedback to representation at committees, and participation in external regulatory evaluations.	
In a competitive international market for family medicine master's programmes, each with distinct focuses—ranging from clinical skills to advanced topics like leadership and healthcare management—the programme directors should also periodically assess the unique offerings of this MSc. The distance learning environment is also dynamic, and it will be vital to embrace new developments, such as the use of AI in virtual patient discussions. Issues such as capacity and succession planning will be important as the programme evolves - ensuring that the current highly-skilled faculty and support team is maintained.	We acknowledge the importance of continuously assessing our MSc in Family Medicine to maintain its distinctiveness and relevance. We are committed to regularly evaluating our programmes to ensure they highlight unique strengths and offerings, in this instance our focus on regionally relevant healthcare practices and comprehensive family medicine principles. This assessment helps identify opportunities for differentiation and enhancement in response to market trends. In the dynamic environment of eLearning, we incorporate new advancements as they become available, such as AI, as described earlier. As the programme evolves, maintaining a highly skilled faculty and support team is paramount. We are actively engaged in strategic planning for capacity and succession, ensuring continuity and excellence in programme delivery. This includes ongoing faculty training and development, the recruitment of academic GPs, and cultivating leadership within the existing team.	Choose level of compliance:
We found it stimulating to see a new programme embracing international best practice in masters-level course development - and including critical elements of Family Medicine training. We extend our best wishes to all involved and look forward to observing the programme's impact and evolution.	We look forward to implementing the joint MSc in Family Medicine programme as part of a strategic partnership, and to contributing to the developments in Primary Care in the local region.	Choose level of compliance:

C. Higher Education Institution academic representatives

Name	Position	Signature
Dr Christiana Demetriou	Head of Department of Primary Care and Population Health / MPH Programme Director	
Dr Annalisa Quattrocchi	Associate Head of Department of Primary Care and Population Health	
Professor Joseph Joseph	Associate Dean for Academic Affairs	
Dr Despo Ierodiakonou	Joint MSc in Family Medicine Programme Director	
Dr Dionysios Vaidakis	MSc in Family Medicine Programme Director	

Date: 29 November 2024