

Doc. 300.1.2/1

Date: 07 July 2025

Medical School's Response (Basic Medical Education)

- **Higher Education Institution:**

University of Nicosia

- **Town:** Athens

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

In Greek:

Ιατρική (5 έτη, 300 ECTS, Πτυχίο, M.D)

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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A. ASSESSMENT AREAS

1. MISSION AND VALUES

Findings

The 5-year MD programme of the University of Nicosia, Athens Branch has a clearly stated mission with four pillars: education, research, social responsibility & service to society, and internationalisation. It tailors to the school's focus and tradition so far. They do not only believe in the best training possible but also in the respective training of staff. Additionally, they strongly emphasise students' well-being. Besides the classical pillars of teaching and research, the medical school also recognises and celebrates the importance of community outreach and the benefits of international connections. The mission explicitly aligns with the standards of the World Federation for Medical Education (WFME) and meets the requirements of both the Cyprus Agency for Quality Assurance and Accreditation in Higher Education (DIPAE) and the Hellenic Authority for Higher Education (HAHE).

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

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

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

Strengths

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

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

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

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

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

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

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

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

Areas of improvement and recommendations

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

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

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

UNIC response:

We thank the EEC for their constructive report and for recognising the many strengths throughout, including rating the Missions and Values section as compliant.

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

In respect to the Medical School's mission, we have strengthened the areas in which the mission can be signposted, including in the GEMD Programme Handbook that is provided to students upon enrolment and within their orientation. We are pleased to confirm that the School's Mission and Core Values are included at the front of the Faculty Handbook that all faculty receive upon engagement, and has been added to the induction that new faculty receive. (Details are attached in Appendices 1.1-1.2).

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

We welcome the recommendation of the EEC to strengthen the references to the key concepts of global health, sustainability and health equity in the School's strategic documents. We consider these to be key,

interconnected pillars of the central theme of fair, accessible and sustainable healthcare for all, to which the School fully subscribes to. In order to make more explicit reference to this theme, and in the context of our review of mission and values, we have decided to add the following to our core values:

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

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

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

We welcome the recommendation from the EEC in relation to evaluating the effectiveness of the School's mission. The School is monitoring closely a number of outcomes, such as the outcomes for our graduates and the relevant metrics, as well as a series of outcomes relating to the School and its programmes through our quality assurance mechanisms, including the annual review of programmes. Further, our mission is evaluated through the Department Strategic Development Plan (SDP). The SDP identifies strategic goals, objectives and specific actions for each of the three pillars and further the timeframe for completion of each action and responsible person(s). Measures of achievement are included, which allows for monitoring at the Department Councils.

More recently, the Medical School strategic plan has been developed on the basis of the pillars of the School's mission and its core values. It has been specifically designed to allow the evaluation of the effectiveness of specific actions that are addressing objectives and strategic goals relevant to our Mission. This evaluation will be based on the evaluation of the specific measures of achievement that have already been defined with relevant timelines and responsible academics. This framework already sets the measures of achievement as indicators of performance and we will build on that to develop a more specific set of KPIs in relation to our various pillars of activity as well as appropriately expand relevant objectives and actions.

Sub-area		<i>Non-compliant / Partially compliant / Compliant / Not applicable</i>
1.1	Stating the mission	Compliant

2. CURRICULUM

Findings

The University of Nicosia (UNIC) Medical School is planning to deliver their existing 5-year graduate entry MD programme that is structured and aligned with European and international medical education standards. The curriculum is outcomes-based, clearly defining the knowledge, skills, behaviours, and professional values students must achieve by graduation. These intended learning outcomes are mapped to WFME standards and EU Directive 2013/55 and are regularly reviewed to ensure relevance to healthcare needs and alignment with the institution's mission. Documentation from the University of Nicosia outlines a spiral curriculum model with thematic modules that revisit core concepts with increasing complexity and clinical relevance.

Since the Athens branch 5-year programme will be a direct replica of the successful graduate entry Nicosia programme, we do not feel that there are compelling grounds to mandate any specific adaptations.

At the Athens campus, the same curriculum is planned for delivery as at the main Nicosia campus, with course materials, learning objectives, and module structures remaining consistent. Clinical exposure begins early, with placements in affiliated private hospitals in Athens under the Hellenic Healthcare Group. Educational methods include small-group teaching, problem-based learning, simulated patient encounters, and digital learning platforms.

However, as the Athens branch is in its early phase of implementation, the full functionality of local teaching infrastructure, availability of simulated learning environments, and faculty familiarity with the pedagogical approach remain under development. Additionally, mechanisms to ensure consistency in teaching quality and clinical experience across both sites are still being formalised.

There is an argument to be made that the existing 5-year programme would benefit from some elements of innovation from the new 6-year MD, and that it should be updated (if not completely redesigned) imminently. We can see that, given Athens branch faculty are largely new appointees, it will be difficult for them to focus on the delivery of two MD programmes simultaneously and that further changes in subsequent years will extend the time of change. For that reason, and the associated quality assurance needs of two programmes in a new campus, it may be sensible to pause the delivery of the 5-year programme at the Athens branch, perhaps until the new campus is completed.

This should be carefully considered by the existing leadership, in the context of the multiple steps remaining in establish the new branch and its associated student population.

Strengths

Well-structured, vertically integrated curriculum with horizontal and longitudinal alignment. Early clinical exposure incorporated from Year 1 through structured placements. Use of diverse, student-centred teaching methods, including PBL, case-based learning, and simulation. Clear mapping of learning objectives and outcomes to course content and assessment strategies. Curriculum reflects international best practices and supports global examination preparation (e.g., USMLE). Strong emphasis on professionalism, ethics, and interprofessional collaboration. Thematic and spiral structure promotes deep learning and progressive competency development.

Areas of improvement and recommendations

While operational delivery and quality assurance of both programmes at both campuses is yet to start, the leadership should consider whether the small size of this planned cohort in the Athens branch warrants the attention necessary for quality delivery starting at the same time as the larger 6-year MD. It may be wise to consider a single programme approach for the first few years before diversifying.

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

The need to ensure equitable access to simulation resources and learning technologies for both programmes at the new campus (while not diminishing the experiences of clinically-placed Nicosia branch campus students at local HHG hospitals).

UNIC response:

While operational delivery and quality assurance of both programmes at both campuses is yet to start, the leadership should consider whether the small size of this planned cohort in the Athens branch warrants the attention necessary for quality delivery starting at the same time as the larger 6-year MD. It may be wise to consider a single programme approach for the first few years before diversifying.

We agree with the EEC's recommendation and, as indicated during the visit, we will only launch the 6-year Doctor of Medicine programme in the academic year 2025-26. Our plan is to launch the 5-year MD programme in Athens in 2026-27, which will allow us to recruit the international students that this programme applies to predominantly, since graduate-entry programmes are the norm in the US, Canada, Australia, New Zealand (and other countries worldwide).

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

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

- **Ageing population:** The GEMD-304 Polymorbidity course focuses on conditions which affect the elderly and most of the cases of the course center around elderly patients with a plethora of conditions. Polypharmacy is also addressed in this course as well as in the prescribing skills sessions. Students also complete a Geriatric Medicine rotation in Y5.
- **Primary care strengthening:** Students start attending placements in primary care settings from the beginning of Year 2 of the programme so students have a lot of exposure in this area early on.

Additionally, students also learn through visits to primary care and community settings as early as Year 1 of the programme. In Year 5, students also carry out a rotation in General Practice.

- **Non-communicable disease.** Cardiovascular disease, diabetes, obesity, and cancer remain leading causes of premature mortality in Cyprus and Greece. These are extensively covered in the curriculum in Year 2 and 3 courses, for example the cardiovascular diseases in GEMD-201, diabetes and obesity in GEMD-202. There is emphasis not only on the underlying pathophysiological mechanisms but also on appropriate prevention, management and treatment, as well as their epidemiological aspect through the relevant stream. Additionally, there is a strong emphasis on the biology of cancer which starts as early as Year 1 and is then revisited for each of the organ systems in the GEMD-303 Cancer course.
- **Mental health.** According to the World Health Organization, economic austerity, the pandemic, and forced displacement have resulted in increased rates of depression, anxiety, substance misuse, and suicidality. This has increasingly become a local healthcare problem as well. The GEMD-303 Mental Health Course in Year 3 of the GEMD is dedicated to this very important matter. The basic principles of psychology and the psychological impact of disease are covered extensively and systematically through the Psychology Stream that runs longitudinally through the programme.
- **Impact of climate change on health and well-being.** The GEMD curriculum includes a dedicated stream on Climate Change and Health that runs longitudinally through the programme. This stream examines the health impacts of climate change, for example respiratory, cardiovascular, and mental health effects, as well as implications for perinatal outcomes and vector-borne diseases. Students study mitigation and adaptation strategies, environmental justice, and the responsibilities of healthcare systems in transitioning toward sustainable, climate-resilient models of care.
- **Digital Health.** With the increasing emphasis on technological advances in patient care, the revised curriculum now includes a dedicated stream in Digital Health and Artificial Intelligence (AI). This stream addresses the use of technology and AI in patient care, research, and healthcare delivery. Students explore digital tools for monitoring, diagnosis, and treatment planning, as well as data privacy, security issues, and ethical considerations related to digital platforms. They gain experience integrating digital solutions into clinical workflows and research projects.
- **Migrant and Refugee Health.** Considering the large migrant communities in both Greece and Cyprus, the curriculum has incorporated learning objectives that address the needs of migrants and refugees, for example, screening for communicable diseases, PTSD, intercultural communication skills and the use of interpreters.
- **Infectious Diseases and Antimicrobial Resistance (AMR).** To support student learning in this important healthcare problem, students start learning about microbiology as early as Year 1. As students progress in their studies and learning becomes system-based, infectious diseases are discussed as they relate to each body system. Management approaches, including issues around AMR, are thus extensively discussed. The course GEMD-302 Infection and Immunity allows students to understand the multisystem effects of infectious disease. Infectious diseases, hospital infection-prevention protocols and surveillance continue to be considered in the Year 4-5 clinical placements.

The need to ensure equitable access to simulation resources and learning technologies for both programmes at the new campus (while not diminishing the experiences of clinically-placed Nicosia branch campus students at local HHG hospitals).

We would like to assure the EEC that we are committed to ensuring equitable access to simulation resources and learning technologies for students in all medical programmes offered by UNIC both in Nicosia and Athens. The new Medical School building in Athens has been carefully designed with this in mind and our overall resource planning also takes into account the needs of students already in clinical placements in Athens.

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

3. ASSESSMENT

Findings

The medical school puts strong emphasis on the importance of assessment and will use a variety of assessment methods in the domains of 1) knowledge, 2) skills, and 3) professional values & behaviours. These include short answer questions and single best answer (SBA) questions, OSCEs, a range of written reports and tasks and a comprehensive Professional Values and Behaviours exercise which is ongoing through the years. There is a strategy of employing formative examples of an exam type before summative assessment. Feedback is comprehensive. The School demonstrated clear knowledge of international best practices in assessment, and the scheme is consistent with WFME expectations. Staff at the Athens campus indicated that assessment implementation would mirror the structure at the Nicosia campus. However, as teaching has not yet commenced at the Athens site, the actual delivery mechanisms for high-stakes assessments — particularly OSCEs and practical's — have not been tested locally. Concerns were raised during discussions regarding examiner recruitment, training, and logistical support, especially for clinical assessment stations. The team was informed of plans for remote moderation, blueprinting, and data monitoring from the central office, but local ownership and readiness are still developing. It will be important to establish a cross-campus moderation and examiner calibration system to ensure uniform standards and fairness.

Stakeholder interviews revealed that academic staff have a good understanding of the assessment policy but will require additional support in practical implementation, especially in coordinating assessment administration, providing timely feedback, and supporting struggling students.

Strengths

There is a single assessment team for UNIC-health which acts independently of central university processes and allows for a tailored approach to medical assessment and has driven change nimbly. The assessment strategy is robust, with structured formative and summative schedules including blueprints and standard setting policies.

We were advised that students have study time available before their end of year knowledge tests (3-4 weeks), which allows them to focus on building their knowledge without missing clinical learning experiences.

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

Areas of improvement and recommendations

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

Despite a very elaborate quality assurance system being in place, the full potential of assessment results as feedback for the curriculum is yet to be explored.

The operational delivery of assessment at the Athens branch will need to be learnt and owned by Athens faculty, requiring a comprehensive faculty development package ideally involving exposure to Nicosia assessment delivery in the first instance. The system will require careful oversight by Nicosia campus academics (and external examiners) for parity. At this stage, appointment (or recognition) of a single academic assessment lead for the MD programmes. It is essential that they work with course leads and administrative staff, of course, in the usual way - but assessment is now likely of such complexity that a single academic lead to orchestrate the system and minimise risk is necessary.

It may be helpful to use aggregated assessment data to inform course reviews, faculty development, and curriculum adjustments on a more formalised level. Also, the routine post-assessment inclusion of surveys with students, faculty and (standardised) patients may support this process.

UNIC response:

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

We thank the EEC for this important point, which allows us to further clarify our practice for examination attempts, as described in the Scheme of Assessment (Appendix 3.1: Scheme of Assessment).

Spring Semester assessment results are released two weeks ahead of the start of the resit examination period. For the pre-clinical years, where assessment is semester-based, it is also important to note that Fall Semester resit examinations are also delivered in the resit assessment period at the end of the year. This allows students to prepare throughout the Spring Semester and to build on their knowledge during the Spring Semester courses through spiral learning. The resit period at the end of the year, rather than at the end of the Fall Semester, is aimed at providing ample opportunity for students to remediate and improve. In regard to the resit period at the end of the year that re-assesses both Fall and Spring Semester courses, the examination calendar has been carefully developed to assess Fall Semester courses first during the examination period, followed by the Spring Semester courses. This allows students approximately four weeks to prepare for failed courses in the Spring Semester. For Years 1-3, students additionally have a third attempt at any failed examination before the start of the new academic year. This offers another opportunity for learning and remediation since students have a few weeks for preparation between the second and third attempts. Considering the high stakes of examinations in Years 4 and 5, students have two attempts at the exams during the academic year; a third attempt entails repeating the year. In preparing to retake a failed assessment, students receive extensive support from the programme academic team, including detailed feedback from their course leads, to support their preparation. This ensures that students are effectively supported to progress in their studies.

Despite a very elaborate quality assurance system being in place, the full potential of assessment results as feedback for the curriculum is yet to be explored.

This area is addressed in the final response of this section (please see below) that concerns the use of assessment data in quality assurance activity.

The operational delivery of assessment at the Athens branch will need to be learnt and owned by Athens faculty, requiring a comprehensive faculty development package ideally involving exposure to Nicosia assessment delivery in the first instance. The system will require careful oversight by Nicosia campus academics (and external examiners) for parity. At this stage, appointment (or recognition) of a single academic assessment lead for the MD programmes. It is essential that they work with course leads and administrative staff, of course, in the usual way - but assessment is now likely of such complexity that a single academic lead to orchestrate the system and minimise risk is necessary.

We thank the EEC for raising this important point that will ensure that the high-quality assessment delivered in Nicosia will continue to be delivered at UNIC Athens. We would like to clarify that the GEMD programme has a Chief Examiner for each year of the programme and an Assessment Lead who is responsible for overseeing and coordinating assessment activities across the five years of the programme and the clinical sites. Ultimately, the Assessment Lead has overall responsibility for the assessment strategy and may make recommendations for adaptations to the Scheme of Assessment to the Programme Committee, based on an annual evaluation that considers information from a multitude of sources, including faculty feedback, recommendations from external examiners, external evaluation visits, student performance, student feedback and latest developments in medical assessment. The GEMD programme assessment lead will continue to have oversight and coordinate activities across both campuses. Based on the EEC's helpful suggestion, we have established an Assessment Committee, which will oversee the delivery of assessments across the two campuses. This is in addition to existing joint assessment meetings (e.g. blueprint and results meetings) since the assessments in both campuses will be identical. The Terms of Reference and Membership of the Assessment Committee are included as Appendix 3.2.

It may be helpful to use aggregated assessment data to inform course reviews, faculty development, and curriculum adjustments on a more formalised level. Also, the routine post-assessment inclusion of surveys with students, faculty and (standardised) patients may support this process.

We are grateful to the EEC for acknowledging the robust quality assurance system in place in regard to assessment. We agree that assessment results provide an important source of feedback for adaptations to the curriculum and faculty development. In fact, our existing quality assurance process captures these aspects effectively. For every assessment, the process starts through blueprinting of assessments, whereby every question in the examination is mapped against the learning objectives of the course. Through the blueprinting process, it is ensured that assessments cover knowledge, skills and attitudes relevant to the students' learning stage, and in line with the learning objectives of each course, and by extension, the programme. Psychometric analysis evaluates the performance of each individual examination item. For example, for written examinations consisting of single best answers (SBAs), psychometric analysis determines the facility, discrimination and point biserial for each item. The internal consistency reliability of the assessment is determined via the Kuder-Richardson Formula 20 (KR20).

In this way, the performance of students in each learning objective assessed by exam items is determined and monitored. Psychometric analysis of OSCE stations further allows us to monitor the performance of students in each station. This comprehensive approach allows us to identify poorly performing items/stations, which can inform adaptations to the curriculum and/or the assessment item(s). For OSCEs in particular, psychometric analysis also allows to evaluate assessor variability. Simulated patients and examiners additionally provide feedback after each OSCE. Feedback is provided to faculty members by the responsible academic for that assessment, which supports their professional development and the development of their courses.

A systematic approach is in place as part of our annual evaluation processes, to inform adaptations to the Scheme of Assessment. This includes extensive statistical analysis, including progression rates, monitored also as part of the programme evaluation report, and feedback from faculty and students. These mechanisms ensure that individual and aggregated assessment metrics as well as student and faculty feedback consistently drive improvements to the curriculum, assessment and staff development. Following the EEC's helpful suggestion and as described above, we have now established an Assessment Committee, which will further formalize the assessment review process and enhance our quality assurance processes.

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

4. STUDENTS

Findings

The process of admission, including admitting criteria was explained (and is not changed from the current existing MD programme). Highschool grades (ABB) plus interviews are the regular procedure. UCAT is not currently used for the six-year programme. We note that the exam attainment required for entry into the 5-year MD is the same as for UNIC Nicosia – which is a successful programme. This is somewhat lower than for other Cyprus programmes, but we would consider the emphasis on the interview at UNIC campuses to be a particular strength. It would be useful to evaluate amongst existing Cyprus cohorts whether a candidate with slightly higher exam attainment at entry was more likely to progress smoothly through the 5-year degree. If so, this would provide an argument for increasing the requirement to equivalent to 18.5/20 in the pan-Cyprian exams, which was the minority preference of the panel. As with the primary institution in Nicosia, student support services for the Athens branch were presented as a key institutional priority, with well-resourced academic, pastoral, financial, and career-related assistance available to students. Students have access to mentorship, reflective tools, and professionalism monitoring as part of a broader support framework. While there is some student representation in feedback and development processes, more formal collaboration with student representatives on the design and evaluation of support services is encouraged. Students will have a formal introduction the first week with their tutor for 1:1 mentorship. Each tutor has 5-10 students. From the very beginning, students will be made aware of their tutors and whom to contact. In years 5 and 6, a second tutor will be added, related to the hospital at which the student is based. Both administrative staff and students describe the wide range of colleagues who may be contacted, and students seem happy with this flexibility, particularly valuing the “one stop shop” provided by student services and the open-door policy. We were pleased to hear that financial support for students whose personal situation changes during their programme is available. At the time of the visit, physical student support structures (e.g. counselling services, student union representation, career advisory) were not yet operational at the Athens campus. It remains to be seen how responsive and accessible these services will be once the first cohort is enrolled. The student centred approach promoted by the institution must be translated into local practices to ensure parity of experience and wellbeing. Current UNIC (Y5 and Y6) students at Athens are Greek-speaking students only. This will most likely change when the new study programme launches. As with the Nicosia parental institution patient contact will have to be either with selected patients (English-speaking ones) or accompanied by translation services. We trust UNIC to draw upon its vast experience with this challenge and establish reliable systems to cater for those needs. As in Nicosia, making non-native students take more mandatory lessons in Greek may be helpful - as also suggested by Nicosia students.

Strengths

In assessment terms, the process is transparent, holistic and clearly aligned with the programme’s mission and international standards. Academic and non-academic criteria are evaluated and a wide range of international qualifications can be used to support the student-centred global approach. English language proficiency is assessed (to UK equivalence) through internationally-recognised standards.

Teaching in the clinical setting (i.e. in the two hospitals) will be delivered in very small groups at excellent facilities of the HHG group offering access to state-of-the art services. The students greatly value the accessibility and support provided by university professionals and faculty. The programme is structured to ensure that each student receives individualized support throughout their academic journey.

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

Areas of improvement and recommendations

It will be important to continue to evaluate admissions standards (and international comparability) going forwards - ideally as part of the periodic programme review process. This also includes measurable indicators or monitoring mechanisms for equity and diversity principles, and establishing a formal, periodic review process of the selection policy involving students and external stakeholders.

UNIC response:

We thank the EEC for their findings in this area.

We would like to clarify that as the GEMD Programme admission requirements do not involve high school criteria, and the graduate-entry programs are exempt from the requirements for Panhellenic exams at UNIC Athens, we believe this point has been included inadvertently.

It will be important to continue to evaluate admissions standards (and international comparability) going forwards - ideally as part of the periodic programme review process. This also includes measurable indicators or monitoring mechanisms for equity and diversity principles, and establishing a formal, periodic review process of the selection policy involving students and external stakeholders.

We agree with the importance placed on the evaluation of admissions criteria, and can confirm that they are regularly reviewed, including through the Programme Evaluation Report process. Progression and graduation rates (the first cohort in Cyprus will graduate in Spring 2026), based on diverse learner characteristics and admissions qualifications e.g. entry exam, are also monitored as part of the Programme Evaluation Report. The monitoring mechanisms in place allow us to ensure the appropriateness of our admissions criteria and to facilitate support for specific student groups that may need it, for example students with disabilities.

The Admissions and Selection Policy is reviewed internally on an annual basis. Moreover, it is reviewed by the International Advisory Board (IAB) and as part of the periodic review of the programme which includes external stakeholders and students. Furthermore, students may provide feedback on their experience with the admissions process and standards, as part of the orientation feedback survey.

At this stage we are gathering all the relevant information to complete a wider-ranging exercise as part of the Periodic Review of the Programme in Cyprus which will commence formally in a few months.

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

5. ACADEMIC STAFF

Findings

During the site visit and based on the documentation provided, the University of Nicosia Medical School demonstrated that it has a clear and structured academic staff establishment policy in place, aligned with the design and delivery of the MD curriculum.

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

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

Staff in the process of being recruited for Athens who we interviewed appeared knowledgeable and motivated, but many had limited experience with problem-based learning, integrated teaching approaches, or the specific assessment strategies of the 5-year MD curriculum. There is a central policy for Continuing Professional Development (CPD), but an operational plan for delivering CPD locally at the Athens campus will need to be tailored as the new faculty is on-boarded.

Strengths

Administrative staff is extensively connected between the two sites. Clear and transparent communication around all aspects of the recruitment process. Onboarding is experienced as professional and satisfactory, both the formal and informal parts.

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

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

Institutional policy of continuing professional development is in place.

Areas of improvement and recommendations

Upon confirmation that the 5-year MD programme will run in 2025/6, there is a need to urgently finalise academic staff recruitment to ensure sufficient personnel are in place prior to programme launch. The operational delivery of faculty development, induction and orientation can then ensue in earnest. Ensure that Athens-based staff are fully integrated into the broader academic governance and curriculum committees of the institution.

UNIC response:

Upon confirmation that the 5-year MD programme will run in 2025/6, there is a need to urgently finalise academic staff recruitment to ensure sufficient personnel are in place prior to programme launch. The operational delivery of faculty development, induction and orientation can then ensue in earnest. Ensure that Athens-based staff are fully integrated into the broader academic governance and curriculum committees of the institution.

In the hiring process followed for the new faculty at UNIC Athens, the needs of all programmes were considered and this is reflected in the number of faculty hired in each field. We have also considered the subsequent years, after year 1, and have compiled a detailed plan of faculty in each area/field that will be recruited in future years to meet both the teaching demands in each area, but also the target student numbers, where relevant.

Considering we will not operate the 5-year MD programme in the first year, some leeway in the appointment of faculty is provided. Nonetheless, our plan in respect to faculty is to have 22 members of Teaching & Research Faculty hired in the first year, to be on campus. Further, an additional 46 faculty, that have already been appointed as clinical faculty of the School, and that are based within the Hellenic Healthcare Group of hospitals, will be in place from the outset, totalling 68 faculty in the first academic year.

All faculty will undergo the induction training available for all newly hired staff in the same way that they do in Nicosia, which includes details on the institutional governance and committee structures. Upon the commencement of the GEMD Programme, they will undergo an induction specific to the Programme, and thereafter receive on-going staff development and refresher training.

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

6. EDUCATIONAL RESOURCES

Findings

The EEC toured the teaching hospitals that will be used for early years (and transitional years) exposure, and the soon to be finished construction site acting as main building of the Medical School from September 2025 on. The facilities at the Medical School main building will be new and well-equipped. There are 10 PBL rooms, 16 skills labs booths and 3 simulation suites in total. There will also be appropriate labs for teaching and research labs. There will also be a library and enough spaces for social purposes. As in Cyprus, the anatomy lab will have cadavers for anatomy teaching. Students will be allowed to access the skills lab after hours.

The teaching hospitals were visited. UNIC secured clinical placements through agreements with major private hospitals in Athens under the Hellenic Healthcare Group, with provisions for clinical skills training, supervision, and assessment. They are equipped with state-of-the art technology (e.g. MRI, CAT-scan; interventional radiology labs etc.), and provide excellent access to patients and research opportunities.

UNIC students Athens branch will have access to all digital tools and services like Nicosia students. The institution's commitment to a consistent quality of resources across both campuses was evident, but the actual delivery and implementation at Athens will require careful monitoring as the programme launches.

Strengths

The exceptional new building at Elliniko setting the stage for a potentially world-leading medical education environment.

The teaching hospital facilities within the HHG group, and the strong clinical mentorship and education already provided to UNIC students by their staff. The shared ethos and educational values across HHG and UNIC, developed through years of co-working, will provide for a sustainable model for the future.

Areas of improvement and recommendations

As student numbers will rise significantly with the new medical school, it may be wise to introduce a monitoring system for clinical site capacity and student-to-patient exposure ratios, with contingency plans for future growth.

In general, it may also be advisable to schedule a post-launch audit of educational resources at the Athens campus to verify full functionality, student satisfaction, and adherence to projected standards. We would be delighted to inspect the completed facilities at Elliniko, should the opportunity arise. The CYQAA may feel that EEC confirmation in these areas, perhaps within the first semester of the programme, is wise.

Noting the small size of the planned 5-year MD and the likely more international cohort, careful attention will be required to ensure translator capacity and patient engagement is supportive of a more international track in Athens.

Careful attention is required to ensure that all new facilities are available to all students and faculty for the beginning of the academic year.

UNIC response:

As student numbers will rise significantly with the new medical school, it may be wise to introduce a monitoring system for clinical site capacity and student-to-patient exposure ratios, with contingency plans for future growth.

To safeguard the School's provision of high-quality medical education to learners based on available resources, the size and nature of each student intake is considered at capacity planning meetings and is agreed annually. Capacity needs are assessed for all stages of the programme and clinical training capacity is an exercise of fundamental importance in this regard. In setting admission targets for cohort sizes, careful assessment of the availability of appropriate clinical training opportunities for the students takes place, to ensure that these are aligned.

The full spectrum of healthcare providers in Athens will be utilised and matched to the specific stage of training and the exclusive partnership with the Hellenic Healthcare Group, comprising more than 1600 hospital beds and more than 6500 clinicians, is of fundamental importance in that respect. Feedback will be obtained from the partner hospitals in order to ascertain available capacity for clinical training, while at the same time, ensuring that GEMD students are able to receive the required standard of training and support. This will be coordinated by the Chair of Clinical Education at UNIC Athens, and overseen by the Director of the Medical School at Campus.

Furthermore, on an ongoing basis, a key area of monitoring of clinical training is based on clinical capacity. This monitoring is based on multiple sources, including student feedback and in the context of site visits by the Clinical Education team, and in particular by the Chair of Clinical Education. The role of the Chair of Clinical Education, working with the Academic Lead and Specialty leads at the sites, will remain very important in ensuring appropriate student clinical training opportunities are available.

In general, it may also be advisable to schedule a post-launch audit of educational resources at the Athens campus to verify full functionality, student satisfaction, and adherence to projected standards. We would be delighted to inspect the completed facilities at Elliniko, should the opportunity arise. The CYQAA may feel that EEC confirmation in these areas, perhaps within the first semester of the programme, is wise.

We welcome the suggestion of the EEC and, based on their availability, look forward to them visiting the operation of the new campus in late November / early December, by which time operations at the site will be fully up and running.

Noting the small size of the planned 5-year MD and the likely more international cohort, careful attention will be required to ensure translator capacity and patient engagement is supportive of a more international track in Athens.

The interpreter capacity at UNIC Athens will be carefully assessed to ensure that the needs of an international cohort are met.

The interpreter system will be in line with that in Cyprus, where the interpreters are available to students all day, Monday to Friday. Interpreters are available for students during their Year 3 junior rotations as part of the Polymorbidity course, additionally there are interpreters to support students at each clinical site. We monitor the uptake of the interpreter services using a weekly log sheet. When used, the interpreter asks the

student(s) to record the number of hours that they used on the log sheet, and the interpreter then submits the log to the Medical School. This enables us to maintain a record of hours and to be able to evaluate whether additional interpreters are required, and whether there are particular pinch points where their services are required.

We have committed to developing our overall approach to interpreters further, including through additional training in medical terminology. We will continue to monitor the usage closely, as described above, and based on further uptake of the interpreters' services, we are certainly open to expanding the systems.

Together with the interpreter system, and given a likely international cohort, we shall make Greek language classes freely available to all students, and monitor attendance at each class. Classes will be offered at levels A1, A2, B1, and B2 levels of the [Common European Framework of Reference for Languages](#) (CEFR), encouraging students to develop their Greek language skills from Basic through to Intermediate Level. To further support students when in Years 4 and 5, the online Greek lessons will be scheduled in the afternoons to facilitate their participation.

We are determined to ensure that all non-Greek-speaking students benefit from the free Greek classes offered by the School at UNIC Athens as the development of Greek language skills will enrich the learning opportunities for the students in the clinical years of the programme. Specifically, we will formally monitor attendance in Greek classes in order to be proactive in engaging students in cases of decreasing attendance. We will also incorporate the classes in the student schedule so that their importance is further illustrated.

Careful attention is required to ensure that all new facilities are available to all students and faculty for the beginning of the academic year.

We are closely monitoring progress at the new building with the Campus and UNIC Health Director providing important on site scrutiny. There has been further significant progress since the EEC visit and, as noted above, we look forward to the EEC visiting the operations in late November / early December.

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

7. QUALITY ASSURANCE

Findings

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

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

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

While many quality assurance mechanisms are well established at the Nicosia campus, their replication and operationalisation at the Athens campus is still underway. Further clarity is needed regarding how local feedback from Athens-based students and staff will be collected, reported, and acted upon to ensure continuous improvement at both campuses in parallel. The effectiveness of quality assurance processes will depend heavily on local implementation capacity. At present, there is no dedicated quality assurance officer on site, and it remains unclear how student evaluations and academic performance metrics will be collected, analysed, and actioned at the campus level. The team also noted the need for Athens-specific data monitoring tools and reporting systems to supplement centralised oversight.

Strengths

Rigorous quality assurance scheme aligned with WFME and CYQAA standards.

The "Feedback Informed Development process" - akin to "you said we did", so that students clearly see where their feedback has influenced future educational practice. Generally, UNIC shows an impressive culture of continuous improvement.

Areas of improvement and recommendations

With the second campus in Athens coming up, new challenges will arise. It seems crucial to finalise and fully implement the quality assurance framework at the Athens campus before programme launch, ensuring consistency with Nicosia.

As yet, there is limited clarity on how feedback from Athens-based students and faculty will be analysed separately and acted upon, distinct mechanisms to close the feedback loop, showing students and staff how their input leads to change in Athens should be developed.

Despite HHG hospitals being of high standard, a more structured evaluation of clinical training sites would further strengthen quality assurance.

In general, scheduling annual joint quality review meetings across both campuses to ensure alignment and shared learning are to be advised.

Implementation of the programme mission and outcomes at the Athens campus is still at an early stage; systems to monitor their local integration and effectiveness must be formalised. A formal process to evaluate whether institutional and programme-level decisions at the Athens campus are aligned with the stated mission and graduate outcomes would be beneficial in the longer-term for sustainability of parity.

UNIC response:

With the second campus in Athens coming up, new challenges will arise. It seems crucial to finalise and fully implement the quality assurance framework at the Athens campus before programme launch, ensuring consistency with Nicosia.

We are pleased that the EEC have rated the Quality Assurance section as compliant. The roll-out of the existing Medical School quality assurance framework to the School, Department and programmes at UNIC Athens has been implemented in a structured way, with new faculty informed of processes and expectations as part of initial training. Programmes will report upwards through the long-established governance and committees structures, at departmental- and school-level, including to the respective QA committees, with UNIC's Senate retaining overall responsibility for academic programme quality.

As yet, there is limited clarity on how feedback from Athens-based students and faculty will be analysed separately and acted upon, distinct mechanisms to close the feedback loop, showing students and staff how their input leads to change in Athens should be developed.

We thank for the EEC for recognising our commitment to ongoing enhancements. The same ethos will apply to UNIC Athens, including the ways in which feedback is gathered, analysed and acted upon. This applies to all student surveys, including the annual Student Experience Survey, as well as representation at committee meetings, and in focus groups. The operation of the programme/ department/ school governance structure at UNIC Athens allows for separate analysis and action in relation to matters that relate to the operation of the programme at the Campus.

Our existing Feedback Informed Developments (FIDs) process will be implemented so that details of relevant actions taken (that have arisen from all feedback routes) can be disseminated to staff and students, to encourage awareness and help to close the feedback loop.

Despite HHG hospitals being of high standard, a more structured evaluation of clinical training sites would further strengthen quality assurance.

Hospitals of the Hellenic Healthcare Group are already clinical training sites for the students of the UNIC MD programme and are subjected to the same structured processes of quality assurance of medical education as other clinical training sites for the students of the Medical School, including detailed regular feedback surveys and annual reports. Processes of due diligence take place prior to initiating a Student Training Agreement with any clinical training site. This includes an assessment of the facilities available at the potential clinical site, undertaken by the Chair of Clinical Education and the clinical education team, to ensure that appropriate educational facilities and resources (including human resources) are available, as well as

access to appropriate patient throughput and case-mix. Assuming that a clinical site can meet all expected standards and requirements, an evaluation is made of what would constitute appropriate clinical capacity at that site, so that no undue pressure is put on to clinical teaching staff and no detrimental impact will be placed on patient care. We maintain maximum numbers of students per rotation of no more than seven.

Regular quality assurance site visits by the Chair of Clinical Education take place throughout the academic year, so that any issues can be resolved in a timely manner. Furthermore, on an annual basis the Academic Clinical Lead at each clinical site provides an evaluation of the delivery in the previous academic year, through an annual report. Together, these processes contribute to our wide-ranging quality assurance activities and toward maintaining a high standard of provision at all clinical sites.

In general, scheduling annual joint quality review meetings across both campuses to ensure alignment and shared learning are to be advised.

We welcome the suggestion of the EEC to undertake joint quality review meetings, which will provide us with an opportunity to share good practice and to draw on experiences to enhance provision across campuses. These meetings will fall under the remit of the Departmental Quality Assurance Committee, that will have membership from both campuses, and where comparability of provision will be discussed. The ongoing monitoring throughout the year culminates in the annual programme evaluation report (PER), which is discussed extensively in the Departmental QA Committee. The PER includes an action plan for the following academic year, which will leverage shared learning and ensure alignment across both campuses.

Implementation of the programme mission and outcomes at the Athens campus is still at an early stage; systems to monitor their local integration and effectiveness must be formalised. A formal process to evaluate whether institutional and programme-level decisions at the Athens campus are aligned with the stated mission and graduate outcomes would be beneficial in the longer-term for sustainability of parity.

We agree with the EEC's suggestion, and confirm that the academic and governance structures at UNIC Athens align at all levels (Institution, School and Department) with corresponding structures at UNIC with the Rector, School Dean and Head of Department chairing the corresponding committees at both UNIC and UNIC Athens. This alignment of academic governance will be essential in maintaining parity in terms of the implementation of the University's and School's mission.

This will enable oversight of the programme's implementation and to enable the evaluation of its ongoing alignment and the decisions made to achieve this. The governance structures (as set out in the UNIC Athens Internal Regulations) have been established in such a way that the Senate at UNIC retains ultimate responsibility for the academic quality of each programme, with devolved responsibilities to the University, School and Departmental Quality Assurance Committees. In this respect, the Department of Basic & Clinical Sciences QA Committee will have membership from both campuses, and as noted above will be where alignment will be considered. The ongoing monitoring of programmes throughout the year culminates in the annual Programme Evaluation Report (PER), which is discussed extensively in the Departmental QA Committee. The PER includes an action plan for the following academic year, which will ensure alignment in respect to the programme's mission and outcomes across both campuses.



Sub-area		<i>Non-compliant / Partially compliant / Compliant / Not applicable</i>
7.1	The quality assurance system	Compliant

8. GOVERNANCE AND ADMINISTRATION

Findings

The University of Nicosia Medical School has established a well-defined central governance structure that supports the effective design, delivery, and oversight of the MD programme. Strategic leadership is provided by the Dean and Associate Deans, supported by Heads of Departments and programme directors. The administrative organisation is clear and includes dedicated units for admissions, finance, student support, IT, quality assurance, and clinical education. These structures are in place both centrally and at the Athens campus, although the latter is still in the implementation phase. The programme benefits from cross-campus coordination with mechanisms to ensure consistency and alignment with the institution's mission and quality assurance policies.

During the onsite visit, the evaluation team met with administrative and academic leads at the Athens site who demonstrated a strong commitment to aligning with institutional expectations. Lines of authority and decision-making processes are documented, and institutional committees meet regularly to guide academic and operational matters. However, the effectiveness of this governance model at the Athens campus is yet to be fully demonstrated in practice, especially with respect to administrative readiness, communication flows, and integration of feedback from the new campus into central decision-making.

Strengths

The governance reflects strategic alignment with the university's mission and national accreditation requirement, and planning for the Athens campus reflects commitment to institutional expansion with quality and continuity.

Areas of improvement and recommendations

Operational structures at the Athens campus are still being developed, with some support services not yet fully staffed or tested. This should be finalised before the first roll-out. Communication flows between Athens and Nicosia teams need time to mature into effective bi-directional feedback loops; this may be supported by establishing formal cross-campus communication protocols and shared digital platforms for administrative coordination.

Student representation in governance structures, especially at the Athens campus, should be formalised and enhanced by ensuring consistent student representation from both campuses in relevant governance.

Integration of external stakeholder input (e.g. from clinical partners, industry, biotech) into administrative decision-making processes could be improved by the implementation of a formal system of involvement in strategic planning and periodic programme review.

Overall, it may be helpful to conduct an internal audit six months after programme start to evaluate administrative performance, communication, and integration at the Athens campus.

UNIC response:

Operational structures at the Athens campus are still being developed, with some support services not yet fully staffed or tested. This should be finalised before the first roll-out. Communication flows between

Athens and Nicosia teams need time to mature into effective bi-directional feedback loops; this may be supported by establishing formal cross-campus communication protocols and shared digital platforms for administrative coordination.

The operational structures are described in the UNIC Athens Internal Regulations (Appendix 5.1), with administrative coordination for the Medical School programmes under the leadership of the Campus and UNIC Health Director, and supported by the UNIC Health Coordinator. Both have been appointed, with the former already in employment and the latter due to commence at the start of October. Furthermore, we are leveraging the experience of two existing administrators, who already work with the School in organizing clinical placements, who will provide programme and assessment administration. Additional central posts have been created, including for example student support, HR, and finance.

Staff development and training has commenced, and academic and administrative teams will continue to work closely across the two sites, so that any questions can be dealt with in a timely manner, feedback is shared appropriately, actions are taken and support is provided where needed.

Further, we can confirm that digital platforms to facilitate coordination are in place. For example, systems in place at UNIC, such as the Student information System Exelixis, will be utilised in the same way in Athens. This enables existing staff in Nicosia to be able to provide full training and support and to ensure the systems are utilised for effective communication.

Student representation in governance structures, especially at the Athens campus, should be formalised and enhanced by ensuring consistent student representation from both campuses in relevant governance.

We would like to assure the EEC that students will be represented at all levels of the governance structures at UNIC Athens. This includes the Academic Council, Campus School Council, Campus Department Council, and Campus Internal Quality Assurance Committee, as set out in the UNIC Athens Internal Regulations (Appendix 5.1). Furthermore, students will be represented in programme committees in the same way that they are at the UNIC Medical School.

Integration of external stakeholder input (e.g. from clinical partners, industry, biotech) into administrative decision-making processes could be improved by the implementation of a formal system of involvement in strategic planning and periodic programme review.

External stakeholder contributions take place at a range of areas of our work, and in particular through their expertise as part of the Medical School's International Advisory Board (IAB), where their input to overarching strategic planning processes as well as to the development and review of our curricula has been key to date. We welcome the recommendation of the EEC to broaden this expertise and can confirm that we have already started the process of widening the membership of the IAB to coincide with the proposed expansion at UNIC Athens. In this context, we have added an alumnus of the School and a hospital director to the Board. Furthermore, we are in the process of appointing a senior research leader to the IAB, and identifying industry stakeholders to join this important group of experts.

Overall, it may be helpful to conduct an internal audit six months after programme start to evaluate administrative performance, communication, and integration at the Athens campus.

We thank the EEC for this suggestion. Ongoing monitoring as well as a more holistic review, after six months and annually thereafter, of delivery and performance will enable us to evaluate progress with the implementation of the programme at the new campus. Specific administrative workflow groups will be in place to share expertise and proactively plan for challenges, as well as deal with any teething issues that arise in a timely manner. Each member of the administrative team will work closely with their Nicosia counterpart to ensure alignment in practice and provide timely support. The administrative team and workflows will be evaluated and monitored on an ongoing basis by the Vice President - Health and UNIC Athens Campus and Health Director. Regular planning meetings, on-site visits and key performance indicators that have been devised will be monitored regularly, and contribute to audit activity.

Sub-area		<i>Non-compliant / Partially compliant / Compliant / Not applicable</i>
8.1	The quality assurance system	Compliant
8.2	Student and academic staff representation	Compliant
8.3	Administration	Compliant

B. CONCLUSIONS AND FINAL REMARKS

We would firstly like to congratulate the UNIC team and their long-term partners within Hellenic Healthcare Group in this excellent development to increase the depth and breadth of clinical academia and practice in Greece.

Building on the success of years 5 and 6 of the year 6 MD, which started in 2018, creates a natural partnership and is to be celebrated.

The ambitious project to launch a strategic educational partnership involving six schools but focused around the medical school has tremendous merit and has been well planned by all partners over the last year. Particular congratulations are due to Professor Charalambous for his inclusive leadership of this project; noting how he has inspired, with Prof. Ioannides, the excellent academic team at the Nicosia branch to develop the MD programme which will be implemented at both campuses.

We have a number of commendations:

1. The transplantation of all administrative and academic services including the excellent student support and quality assurance processes to the branch.
2. The palpable enthusiasm within the clinical community is invaluable.
3. The commitment to a high specification new medical building, integrated into the existing healthcare ecosystem will create a flagship model for the future.
4. The commitment that both institutions have shown each other in their future commercial and governance structure.

We have a number of recommendations:

1. That the medical school gears itself for success. We would strongly suggest that the medical school starts with a maximum of about 100 MD students, rather than up to 180, which we feel would be an unnecessary risk for a new department, despite their excellent preparation, academic and administrative staff and previous expertise at HHG. This is also to marshall the expansion in the clinical areas to support the experience of preexisting Nicosia students. As an accreditor, it is important to underline that the number of students admitted per academic year must remain limited, especially in the early implementation phase. This is not only to ensure manageable student-to-teacher ratios, but more importantly to allow for meaningful clinical exposure, personalised academic support, and the gradual development of professional competence. A controlled student intake will also allow the institution to monitor, evaluate, and improve the Athens Branch's performance in a sustainable and evidence-based manner.
2. Related to this, we are mindful that the Athens branch is probably less likely than the Cyprus branch to have a truly international student body. While the world needs more doctors, it is evident that postgraduate training opportunities within Cyprus and Greece are unlikely to increase to accommodate these additional students routinely. While greater competition for local training placements will likely enhance the standard of medical care, it will be important that Greek and Cypriot students on this programme recognise that they may not be successful in achieving local training posts at graduation. A firm emphasis on international opportunities will remain important.

3. It is likely that the project could be further de-risked by all 100 MD students being on the 6-year MD, with the 5-year programme being rolled out later, potentially when the campus is complete in 2028, and the 5-year model has benefitted from more of the new 6-year programme innovation. An expansion of numbers up to approximately 180 as currently stated, could be staged effectively over the next few years, accordingly.
4. Depending on the evidence from the existing 5-year programme, further de-risking may come from aligning entry criteria to Pan-Cypriot exam scores of 18.5/20 rather than 18/20 but we do not see a reason for the campuses to take a different approach here and the additional emphasis on interview performance is excellent.
5. That a more complete consideration of the opportunities and threats of the branch campus development is undertaken, so that the risks can be appropriately marshalled and mitigated by the newly formed academic and administrative teams. This should include planning for contingency arrangements.
6. While are very supportive of this initiative progressing, it may be wise for an early formal review of the facilities once the medical school building has been completed, which we would be delighted to contribute to, if appropriate.
7. The branch campus creates rich opportunities across six schools and programmes, with excellent new faculty, to maximise on interprofessional and transdisciplinary education and research – this is often easier to do “by design” than through retrospective timetable arrangements.
8. Lastly, recognising the unique capabilities and position of HHG, alongside UNIC, we would encourage HEAL and the partnership to continue to proactively and strategically engage with the government and thought leaders to develop junior medical training opportunities (residency programme) within the private healthcare system, for the benefit of healthcare in Greece.

Overall, the programme is built on a solid foundation with clear institutional will to achieve high standards. With careful attention to the implementation of resources and structures at the Athens site, the MD programme is well-positioned to deliver high-quality medical education and to contribute meaningfully to the regional and international medical education landscape.

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

UNIC response:

We thank the EEC for their constructive and supportive evaluation, and for finding the programme compliant throughout with only one sub-area of partial compliance in relation to the new building which was not completed at the point of their visit. We have addressed their recommendations in the following paragraphs, and look forward to receiving the EEC in Athens in the late fall.

That the medical school gears itself for success. We would strongly suggest that the medical school starts with a maximum of about 100 MD students, rather than up to 180, which we feel would be an unnecessary risk for a new department, despite their excellent preparation, academic and administrative staff and previous expertise at HHG. This is also to marshall the expansion in the clinical areas to support the

experience of preexisting Nicosia students. As an accreditor, it is important to underline that the number of students admitted per academic year must remain limited, especially in the early implementation phase. This is not only to ensure manageable student-to-teacher ratios, but more importantly to allow for meaningful clinical exposure, personalised academic support, and the gradual development of professional competence. A controlled student intake will also allow the institution to monitor, evaluate, and improve the Athens Branch's performance in a sustainable and evidence-based manner.

We thank the EEC for recognising the quality of academic and administrative staff and UNIC's relevant preparations. Originally, our plans for academic year 2025-26 included delivery of the 5-year Doctor of Medicine (MD) programme, hence a maximum number of 180 students (cumulative with the 6-year MD programme). Considering we will not operate the 5-year MD programme in the first year, we will aim for a maximum of 100 6-year MD programme students. We will be closely monitoring the operation of the programme and the student experience at UNIC Athens in order to plan for sustainable increases for student intake in the future.

Related to this, we are mindful that the Athens branch is probably less likely than the Cyprus branch to have a truly international student body. While the world needs more doctors, it is evident that postgraduate training opportunities within Cyprus and Greece are unlikely to increase to accommodate these additional students routinely. While greater competition for local training placements will likely enhance the standard of medical care, it will be important that Greek and Cypriot students on this programme recognise that they may not be successful in achieving local training posts at graduation. A firm emphasis on international opportunities will remain important.

The success of our graduates in securing postgraduate training opportunities is a key area of focus and close monitoring at the School and the School has, to date, supported our graduates very effectively in that respect.

In relation to Greek and Cypriot students at UNIC Athens, we anticipate that the great majority would have applied to medical programmes outside Greece and we do not anticipate a significant overall increase in Greek and Cypriot medical graduates. Nevertheless, the programme is designed to support postgraduate training opportunities both in the rest of the European Union and internationally. We will continue to provide personalised and tailored support and guidance to all our students at UNIC Athens, based on their career aspirations and will leverage the strengths of the University of Nicosia, including access to international clinical training sites, to enhance the international postgraduate training option for our graduates. This will benefit all students, both Greek & Cypriot as well as other European and international students.

It is likely that the project could be further de-risked by all 100 MD students being on the 6-year MD, with the 5-year programme being rolled out later, potentially when the campus is complete in 2028, and the 5-year model has benefitted from more of the new 6-year programme innovation. An expansion of numbers up to approximately 180 as currently stated, could be staged effectively over the next few years, accordingly.

We agree with the EEC's recommendation and, as indicated during the visit, we will only launch the 6-year Doctor of Medicine programme in the academic year 2025-26. Our plan is to launch the 5-year MD programme in Athens in 2026-27, which will allow us to recruit the international students that this

programme applies to predominantly, since graduate-entry programmes are the norm in the US, Canada, Australia, New Zealand (and other countries worldwide).

Depending on the evidence from the existing 5-year programme, further de-risking may come from aligning entry criteria to Pan-Cypriot exam scores of 18.5/20 rather than 18/20 but we do not see a reason for the campuses to take a different approach here and the additional emphasis on interview performance is excellent.

As the GEMD Programme admission requirements do not involve high school criteria and the graduate-entry programs are exempt from any requirements on the Panhellenic exams at UNIC Athens, we believe this point has been included inadvertently.

That a more complete consideration of the opportunities and threats of the branch campus development is undertaken, so that the risks can be appropriately marshalled and mitigated by the newly formed academic and administrative teams. This should include planning for contingency arrangements.

We agree that a comprehensive appraisal of the opportunities and threats, including those that are not under our control, is essential for a credible SWOT analysis and for effective development of the Medical School at UNIC Athens.

We have already made strides towards this by enhancing sections of the School's SWOT analysis, including for example, a reference to the potential for global and/or regional instability to impact our abilities to effectively recruit students across our programmes.

We are committed to maintaining mechanisms that allow us to update and refresh SWOT analyses across our activities (e.g., at programme, department and school levels), and so that new risks are identified in a timely manner. We believe that in doing so, we will strengthen across the four pillars of our activity (teaching, research, social responsibility and internationalisation) and demonstrate transparency.

While are very supportive of this initiative progressing, it may be wise for an early formal review of the facilities once the medical school building has been completed, which we would be delighted to contribute to, if appropriate.

As has been conveyed, we thank the EEC for their support. As indicated during the visit, and based on their availability, we look forward to welcoming them in late November / early December to view the operations of the new campus.

The branch campus creates rich opportunities across six schools and programmes, with excellent new faculty, to maximise on interprofessional and transdisciplinary education and research – this is often easier to do “by design” than through retrospective timetable arrangements.

We thank the EEC for acknowledging the rich IPL opportunities at UNIC Athens. We agree that interprofessional education is an integral component of medical education. The GEMD programme has an IPL stream that runs longitudinally throughout all years of the programme and learning objectives have systematically been embedded in the GEMD programme. Under the leadership of the IPL Academic Lead, we have systematically covered the IPL learning objectives through educational activities. The opportunities at UNIC Athens, our detailed curriculum and our extensive experience will allow us to develop and deliver IPL activities, in line with those in Cyprus by design. Moreover, the operation of the other Schools at UNIC Athens creates rich opportunities for collaborative research, such as, for example, with the School of Life

and Health Sciences and the Pharmacy programme, and will actively promote such collaborations from the outset.

Lastly, recognising the unique capabilities and position of HHG, alongside UNIC, we would encourage HEAL and the partnership to continue to proactively and strategically engage with the government and thought leaders to develop junior medical training opportunities (residency programme) within the private healthcare system, for the benefit of healthcare in Greece.

We thank the EEC for their recommendation in relation to residency programmes. The hospitals of the Hellenic Healthcare Group (HHG) provide rich clinical training opportunities which would also be of benefit to residents, and the Group is also active in continuous professional development via HEAL (Healthcare Education & Advanced Learning Academy), which is the educational / CPD arm of HHG. We will explore with our HHG partners the relevant opportunities in the context of the overall evolution of specialty training in Greece.

We thank the EEC once again for their constructive approach to the visit and to their evaluation throughout.

C. HIGHER EDUCATION INSTITUTION ACADEMIC REPRESENTATIVES

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

Date: 07 July 2025



D. APPENDICES



1. MISSION AND VALUES APPENDIX

1.1: GEMD Programme Handbook 2025-26 v2

1.2: UNIC Medical School Faculty Handbook 2024



2. CURRICULUM APPENDIX

Click to add appendices for Curriculum



3. ASSESSMENT APPENDIX

3.1: GEMD Scheme of Assessment

3.2: Terms of Reference and Membership of the Assessment Committee



4. STUDENTS APPENDIX

Click to add appendices for Students



5. ACADEMIC STAFF APPENDIX

5.1: UNIC Athens Internal Regulations



6. EDUCATIONAL RESOURCES APPENDIX

Click to add appendices for Educational Resources



7. QUALITY ASSURANCE APPENDIX

Click to add appendices for Quality Assurance



8. GOVERNANCE AND ADMINISTRATION APPENDIX

5.1: UNIC Athens Internal Regulations

