

Doc. 300.1.2/1

Date: 04 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 (6 έτη, 360 ECTS, Πτυχίο)

**In English:**

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

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

## Contents

Please add page numbering to the report after you are finished making all edits Page

<u>A. ASSESSMENT AREAS</u>	1
<u>1.MISSION AND VALUES</u>	1
<u>2.CURRICULUM</u>	5
<u>3.ASSESSMENT</u>	12
<u>4.STUDENTS</u>	16
<u>5.ACADEMIC STAFF</u>	19
<u>6.EDUCATIONAL RESOURCES</u>	22
<u>7.QUALITY ASSURANCE</u>	24
<u>8.GOVERNANCE AND ADMINISTRATION</u>	26
 <u>B. CONCLUSIONS AND FINAL REMARKS</u>	 29
 <u>C. HIGHER EDUCATION INSTITUTION ACADEMIC REPRESENTATIVES</u>	 34
 <u>D. APPENDICES</u>	 35
<u>1.MISSION AND VALUES APPENDIX</u>	36
<u>2.CURRICULUM APPENDIX</u>	37
<u>3.ASSESSMENT APPENDIX</u>	38
<u>4.STUDENTS APPENDIX</u>	39
<u>5.ACADEMIC STAFF APPENDIX</u>	40
<u>6.EDUCATIONAL RESOURCES APPENDIX</u>	41
<u>7.QUALITY ASSURANCE APPENDIX</u>	42
<u>8.GOVERNANCE AND ADMINISTRATION APPENDIX</u>	43

## A. ASSESSMENT AREAS

### 1. MISSION AND VALUES

#### Findings

The UNIC medical school Athens branch campus 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 will be provided via the Medical School's website and internal platforms such as Moodle - and we have seen how this is done effectively in Nicosia. 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 (Nicosia) and prominently communicated internally through platforms such as Moodle and official documents.

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

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

### **Areas of improvement and recommendations**

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

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

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

Directly related to its mission, we note the work of the Nicosia campus to provide comprehensive primary care services and outreach secondary care to 40,000 local residents through the UNIC centre for Rural Medicine at Ormideia Village. As the Athens campus stabilises, it would be wonderful to see an equivalence of this developing at a site that Athens students could contribute to, as part of the developing value to society.

### **UNIC Response:**

We wish to thank the External Evaluation Committee (EEC) for their positive approach to the programme's evaluation, which is borne out by their constructive feedback and their recommendations for improvement, which we have addressed herein.

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

In respect to the Medical School's mission, we have strengthened the areas in which the mission can be signposted, including in the MD Programme Handbook that is provided to students upon enrolment and within their orientation. We are pleased to confirm that the School's Mission and Core Values are included

at the front of the Faculty Handbook that all faculty receive upon engagement, and has been added to the induction that new faculty receive. (Details are attached in Appendices 1.1-1.3).

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

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

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

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

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

We welcome the recommendation from the EEC in relation to evaluating the effectiveness of the School's mission. The School is monitoring closely a number of outcomes, such as the outcomes for our graduates and the relevant metrics, as well as a series of outcomes relating to the School and its programmes through our quality assurance mechanisms, 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.

Directly related to its mission, we note the work of the Nicosia campus to provide comprehensive primary care services and outreach secondary care to 40,000 local residents through the UNIC centre for Rural Medicine at Ormideia Village. As the Athens campus stabilises, it would be wonderful to see an equivalence of this developing at a site that Athens students could contribute to, as part of the developing value to society.

Our existing partnership with the Hellenic Healthcare Group (HHG) enables us to leverage networks that will facilitate this. For example, through the HHG outreach programme, Παντού (Everywhere), that supports underserved and remote communities and has, so far, to date undertaken 31 expeditions and >48k clinical examinations across Greece. This programme will provide an excellent opportunity for student engagement in community outreach and service to society.

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

## 2. CURRICULUM

### Findings

The University of Nicosia (UNIC) Medical School Athens branch campus is planning to deliver a new six-year undergraduate Doctor of Medicine (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.

The Athens branch 6-year programme will be a direct replica of the successful newly-modernised 6-year Nicosia programme and we do not feel that there are compelling grounds to mandate any specific adaptations.

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

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

Interprofessional education is a recognised component of the current MD program but appears to rely on shared learning experiences opportunistically during the late(r) phase of the programme. We have learned that while HHG hospitals have extensive programmes of CPD for their workforce, delivered through the excellent HEAL centre, they do not formally train other healthcare professional students, so careful planning is needed in this regard. We recognise that Pharmacy students in the new branch, and in fact those in social sciences, business, law and science / engineering will eventually provide a rich resource of different perspectives for the development of transferable skills which will benefit MD students, though perhaps not quite in the same patient-care context as with a broader range of students from the multiprofessional care team.

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

### Strengths

The MD programme is fully aligned with the WFME Global Standards for Basic Medical Education (2020), the European Qualifications Framework, and relevant EU directives, ensuring international recognition and graduate mobility. It employs a student-centred educational philosophy, incorporating active learning

methods such as team-based learning, flipped classrooms, simulation, early clinical exposure, and community-based learning.

The curriculum includes modern and socially relevant themes—such as Digital Health, Climate and Health, Leadership in Medicine, Professional Behaviour, and Cultural Competency—reflecting innovation and responsiveness to global healthcare trends, relevant for tomorrow’s doctors. The integrated approach of many areas allows for a streamlined approach for more meaningful learning. The Athens branch also plans to implement the very successful student-led initiative of a mobile clinic driving out to the more rural areas around Athens providing basic diagnosis and therapy. The final two years of the programme will remain very similar in Athens to those currently delivered in HHG hospitals, as a clinical site for Nicosia campus MD students.

The programme will make use of valuable traditional approaches such as cadaver prosection (plastination models), as well as new technology such as 3d Organon, VR, Speedwell, Myprogress and Qubecon. The programme is in sync with the MD program in Cyprus.

As physical facilities are still under construction, we would consider these areas currently partially compliant - whilst recognising that the medical school building under construction in Elliniko, due to be completed before the first cohort enrol, is exemplary. We predict that it will become an exemplar in this regard across Europe.

### **Areas of improvement and recommendations**

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

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

Care should be taken to ensure that content is effectively “stripped out” as part of the inclusion of new, to avoid curricular overload or creep. Additional time could be valued by students, for example, for research opportunities earlier in the programme.

As to interprofessional education (IPE), there are opportunities. Timetabling is the recognised limitation (worldwide). The branch campus, starting across 12 programmes concurrently, should help this as IPE timetabling could be organised prospectively rather than negotiated retrospectively.

### **UNIC Response:**

We thank the EEC for their findings and for grading the programme curriculum section as ‘compliant.’

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

We agree with the EEC that alignment of the programme outcomes with specific competencies required by regulatory frameworks is important. To this end, the programme objectives and outcomes have been meticulously designed to ensure adherence to the standards and guidelines of the Cyprus Quality Assurance Agency and those of the Hellenic Authority for Higher Education. They were further designed on the basis of the World Federation for Medical Education Basic Medical Education Global Standards for Quality Improvement (2020), which are considered as part of the Agency’s evaluation for medical programmes in Cyprus. To ensure that the MD award is recognised as a primary medical qualification at the European level, the programme has been further designed to meet the professional requirements of the EU Directive on the mutual recognition of professional qualifications (2005/36/EC). In the absence of local regulatory frameworks that specifically define the outcomes for medical graduates, the MD programme outcomes and objectives were also informed by internationally accepted guidelines for undergraduate medical programmes, including the UK General Medical Council (2018) and the Tuning project (2008).

We welcome the EEC’s recommendation for a more systematic approach to demonstrating how the programme’s objectives align with accepted guidelines for undergraduate medical programmes. We have started to evaluate the available curriculum mapping software and technology, including Sofia, to support the process of creating a cross-mapping document. This will be coupled with extensive scrutiny from the academic team to ensure its accuracy. We have already used the Tuning methodology (Appendix 2.1: MD Programme Objectives and Outcomes Matrices) to map the programme-level objectives and outcomes to each of the courses and the mapping of programme learning outcomes to international benchmarks will be an important addition to this work.

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

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

- **Ageing population.** In line with global trends, Cyprus and Greece have a fast-ageing population. To support student learning, students complete a Geriatric Medicine rotation in Year 6. As early as Year 1, students have placements in nursing homes, which allows them to contextualize their learning in the Integrated Clinical Practice courses in a clinically relevant environment of increasing importance for local healthcare needs. Another example in the curriculum that addresses the healthcare needs for elderly patients is the emphasis on polyprescribing, which is an important issue in elderly patients with polymorbidity. Clinical pharmacology teaching places emphasis on important drug-drug and drug-disease interactions, starting in Year 2 of the programme and more advanced prescribing skills sessions further address this important topic in the clinical years.
- **Non-communicable disease.** Cardiovascular disease, diabetes, obesity, and cancer remain leading causes of premature mortality in Cyprus and Greece. These are extensively covered in the curriculum in the Mechanisms of Disease and Therapeutics courses, which not only emphasize the underlying pathophysiological mechanisms and management but also appropriate prevention strategies. There is a strong emphasis on the biology of cancer starting as early as Year 1 and this is revisited for each of the organ systems in later years. Furthermore, clinical rotations, for example in cardiology and endocrinology, further allow students to familiarize themselves with these diseases, which cause a significant disease burden.
- **Mental health.** According to the World Health Organization, economic austerity, the pandemic, and forced displacement have resulted in increased rates of depression, anxiety, substance misuse, and suicidality. This has increasingly become a local healthcare problem as well. The MD programme has a dedicated module to mental health within the Mechanisms of Disease course in Year 4. Students additionally complete a Psychiatry attachment in Year 5. The basic principles of psychology and the psychological impact of disease are covered extensively and systematically through the Psychology Stream that runs longitudinally through the programme.
- **Migrant and Refugee Health.** Considering the large migrant communities in both Greece and Cyprus, the curriculum has incorporated learning objectives that address the needs of migrants and refugees, for example, screening for communicable diseases, PTSD, intercultural communication skills and the use of interpreters.
- **Infectious Diseases and Antimicrobial Resistance (AMR).** To support student learning in this important healthcare problem, students start learning about microbiology as early as Year 1. As students progress in their studies and learning becomes system-based, infectious diseases are discussed as they relate to each body system. Management approaches, including issues around AMR, are thus extensively discussed. There is also a dedicated module within the Mechanisms of Disease Course in Year 4 (Infection and Defence) that allows students to understand the multisystem effects of infectious disease. Infectious diseases, hospital infection-prevention protocols and surveillance continue to be considered in the Year 4, 5 and 6 clinical placements.
- **Impact of climate change on health and well-being.** The revised curriculum includes a dedicated Stream on Climate Change and Health that runs longitudinally through the programme. This stream examines the health impacts of climate change, for example respiratory, cardiovascular, and mental health effects, as well as implications for perinatal outcomes and vector-borne diseases. Students study mitigation and adaptation strategies, environmental justice, and the responsibilities of healthcare systems in transitioning toward sustainable, climate-resilient models of care.

- **Digital Health.** With the increasing emphasis on technological advances in patient care, the revised curriculum now includes a dedicated stream in Digital Health and Artificial Intelligence (AI). This stream addresses the use of technology and AI in patient care, research, and healthcare delivery. Students explore digital tools for monitoring, diagnosis, and treatment planning, as well as data privacy, security issues, and ethical considerations related to digital platforms. They gain experience integrating digital solutions into clinical workflows and research projects.
- **Primary Care Strengthening.** Considering the reforms in the healthcare systems in Greece and Cyprus and the emphasis on primary care, the programme effectively trains students through dedicated rotations in Primary Care in their clinical years. In fact, learning through short clinical placements with the emphasis being on the primary care and community setting, starts as early as Year 1.

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

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

We thank the committee for raising the important potential risk of curriculum overload or creep. As part of the development process of the new curriculum, the development team and faculty members were tasked with identifying learning objectives to be maintained, those requiring revision or simplification and those that would need to be removed entirely from the programme. This process ensured that the curriculum remained up-to-date and made room for new content to align with the evolving needs of the medical profession. For example, the existing curriculum includes two courses in Chemistry and two courses in Physics in Year 1. We have maintained delivery of relevant aspects of these important pre-clinical subjects in the new integrated curriculum, effectively stripping out a significant amount of material that was not considered core knowledge for a medical graduate. The development team also continues to have oversight of the implementation of the curriculum to ensure that its delivery is appropriate. This close monitoring will ensure that the potential risk of curriculum overload is also addressed.

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

We agree with the EEC that early research opportunities are important. The revised curriculum has been designed to enhance student learning in research methods and statistics by allowing students to continue their learning in this stream longitudinally through the programme, whereas this important topic was previously taught primarily in Year 1. Each of the courses in Years 1 and 2 include a coursework component as part of the assessment of the courses. We are grateful to the EEC for highlighting the significance of earlier research opportunities in the programme. This has allowed us to reflect on how the coursework components can be redesigned to allow students to engage with research starting in Year 1. For example, in Year 1, as part of the Social Sciences and Research courses students can be given datasets (e.g. quantitative or

qualitative data from interviews/focus groups) and will be tasked with data analysis. For example, in the case of qualitative data, students will be asked to organize, code and categorize data, identifying themes and relationships, interpreting findings, and reporting the results. Students will also have the opportunity to search and critically appraise existing literature for their coursework in the Molecules, Cells, Tissues and Organs courses. These summative coursework components allow students to apply their research skills early on and develop life-long learning skills such as presentation skills, analytical skills and writing skills. The research skills developed over the earlier years will prepare students to engage with the Year 4 Research project, which allows students to either perform a narrative literature review or conduct original research, building on the knowledge and competencies gained in previous years, such as critical appraisal, statistics, research methods, synthesis of knowledge, data analysis and interpretation. In addition to opportunities to engage with research within the curriculum, the Medical School also provides students with opportunities to participate in research projects, as an extracurricular activity. For example, the Medical School encourages the collaboration of students with faculty in research via the 'Students in Research Programme' (SIRP). The programme has proven to be successful and has resulted in research output for faculty and students, including conference presentations and publication of their results.

**As to interprofessional education (IPE), there are opportunities. Timetabling is the recognised limitation (worldwide). The branch campus, starting across 12 programmes concurrently, should help this as IPE timetabling could be organised prospectively rather than negotiated retrospectively.**

We thank the EEC for acknowledging that interprofessional education and interprofessional learning (IPL) are recognized components of the MD programme. The MD programme has an IPL stream that runs longitudinally throughout all years of the programme and we would like to clarify that IPL has been systematically embedded in the MD programme through learning objectives already included in the revised curriculum. Some indicative examples of the objectives and activities are shown in Appendix 2.2.

The IPL Strategic Plan developed in 2020 has served as an important roadmap for the development and implementation of the IPL curriculum and has been led by the IPL Academic Lead. The plan aims to foster professionalism and excellence in collaborative multidisciplinary patient care through IPL for future graduates of the MD Programme. The Strategic Plan seeks to achieve enhancements to IPL activities by building on current strengths, seizing key opportunities, and by developing and implementing solutions to current challenges.

We agree that there are extensive opportunities for IPL at UNIC Athens and we will be taking advantage of the concurrent operation of a number of other programmes at the Campus. The IPL Strategic Plan and the activities developed in Cyprus will serve as a blueprint for activities in Athens that will be systematically embedded in the curriculum.

Sub-area		Non-compliant/Partially compliant / Compliant / Not applicable
2.1	Intended curriculum outcomes	Compliant
2.2	Curriculum organisation and structure	Compliant



2.3	Curriculum content	Compliant
2.4	Educational methods and experiences	Compliant

### 3. ASSESSMENT

#### Findings

The Medical school puts strong emphasis on the importance of assessment and will use a variety of assessment methods in the domains of 1) knowledge, 2) skills, and 3) professional values & behaviours (PVB). 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.

As the Athens branch is new (i.e. a largely new faculty, with extensive faculty development from Nicosia colleagues) but applies the same assessment strategies and measures, there is the potential for a vivid exchange of assessment material between the two sites improving material quality. We have been assured that standardisation over campuses (Nicosia as primary institution and Athens as the branch) will be managed through standardised schemes and vivid exchange.

It will be essential to establish a cross-campus moderation and examiner calibration system for OSCEs (an internal quality assurance system) in addition to external examiner input, to ensure uniform standards and fairness.

#### Strengths

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

We were advised that students will 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 Nicosia students report feeling confident in liaising with faculty around this. All of this will be employed in Athens for parity.

#### Areas of improvement and recommendations

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

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. 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.

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

*UNIC Response:*

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

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

**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. 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. For example, the Scheme of Assessment was recently revised to provide more dedicated study time for each assessment for pre-clinical years and this was also based on student feedback provided through student surveys and also through meetings of the student representatives with the Programme Director. 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 below, we have now established an Assessment Committee, which will further formalize the assessment review process and enhance our quality assurance processes.

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

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

campuses will be identical. The Terms of Reference and Membership of the Assessment Committee are included as Appendix 3.2.

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

## 4. STUDENTS

### Findings

The UNIC process for admission, including admitting criteria was explained. Standards for Athens will be at least equal to those in Nicosia, with the only difference being adherence to Greek law regarding minimum standards from public high schools. We would not anticipate this being significant in such a highly competitive programme. We see the use of UCAT in Athens as a positive addition, which will help international students to consider UNIC Athens in the context of international options available to them.

We note that the exam attainment required for entry into the 6-year MD is rightly the same as for UNIC Nicosia – which is a modernised 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 6-year degree. If so, this would provide an argument for increasing the requirement to equivalent to 18.5/20 in the pan-Cyprian exams, which was the minority preference of the panel.

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 will have access to mentorship, reflective tools, and professionalism monitoring as part of a broader support framework. While there has been Nicosia 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 Nicosia 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.

Current UNIC (Y5 and Y6) students at Athens are Greek-speaking students only. While the majority of students at the Athens branch are anticipated to be Greek speaking, this will not be universal and will need to be carefully monitored in terms of interpreter provision, and potentially patient engagement. As with the Nicosia campus, for non-Greek speakers, patient contact will have to be either with selected English-speaking patients 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 (non-native) Nicosia students.

### Strengths

In assessment terms, the UNIC process is transparent, holistic and clearly aligned with the programme’s mission and international standards. Academic and non-academic criteria are evaluated and a wide range of

international qualifications can be used to support the student-centred global approach. English language proficiency is assessed (to UK equivalence) through internationally-recognised standards.

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

Teaching in the clinical setting (i.e. in the two hospitals) will be 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 programme evaluation report 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:**

**It will be important to continue to evaluate admissions standards (and international comparability) going forwards - ideally as part of the programme evaluation report 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. Our recent statistical analysis supports the appropriateness of our academic admission standards and reinforces the value of a balanced admissions process that considers not only academic performance but also interview-based assessment. Progression and graduation rates, based on diverse learner characteristics, 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.

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

## **5. ACADEMIC STAFF**

### **Findings**

During the site visit and based on the documentation provided, UNIC 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, for both campuses.

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

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

Continuing professional development (CPD) is supported through a range of structured activities, including participation in teaching and assessment training, pedagogy workshops, and engagement with international organisations such as AMEE. Staff are encouraged to pursue research and are supported by internal resources and training in research methodologies. While the CPD framework is well developed, further formalisation of protected time and support for academic development at the Athens campus will be essential to ensure parity with the Nicosia campus.

### **Strengths**

Administrative staff is extensively connected between the two sites. There is 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. The same processes are planned for the Athens branch. Leadership described processes for performance management, including terminating contracts when absolutely necessary.

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

### **Areas of improvement and recommendations**

There appears to be only limited clarity on the formal allocation of protected time for CPD and research, especially for faculty at the new Athens campus. It is recommended to define and communicate formal policies regarding protected time and funding for CPD and research, with consistent implementation at the Athens campus, and conduct regular workload reviews to ensure equitable distribution of responsibilities among academic staff.

We would suggest that the Athens branch would benefit from ongoing monitoring and early-stage planning for staff mentoring, academic development coordination, succession management and appraisal practices in Athens.

UNIC Response:

**There appears to be only limited clarity on the formal allocation of protected time for CPD and research, especially for faculty at the new Athens campus. It is recommended to define and communicate formal policies regarding protected time and funding for CPD and research, with consistent implementation at the Athens campus, and conduct regular workload reviews to ensure equitable distribution of responsibilities among academic staff.**

We would like to reassure the EEC that the balance of duties and responsibilities are equivalent to those in Cyprus and these have been formalized through UNIC Athens's internal regulations and the Medical School's Faculty Handbook expectations.

Specifically, Medical School faculty members are bound by the internal regulations of UNIC Athens, as described in Chapter 6 Faculty Matters and Policies (Appendix 5.1). Section 6.9: Faculty Duties and Responsibilities, sets out the requirements. Additionally, faculty shall be bound by the Medical School's Faculty Handbook expectations (Appendix 5.2). The Medical School ensures that the balance between teaching, research, and service roles allows for the fulfilment of the programme's requirements as well as the personal and professional development of faculty members. Records related to the academic workload of each faculty member are maintained and regularly reviewed to ensure an appropriate balance and a consistent approach. As a general rule, full-time faculty members are expected to be involved in teaching, research, and service/administrative functions as follows: 20% Teaching and Assessment, 40% Research, 40% Administrative roles and other academic responsibilities, including leadership and coordination/organization, professional development, curriculum enhancement, and student support.

Similarly to Nicosia-based faculty members, workload is monitored on a continuous basis and more formally as part of the annual performance review to ensure equitable responsibilities amongst faculty and to ensure that workload remains acceptable and aligns with the defined balance between teaching, research and administration.

In regard to funding for CPD and research, this is also in line with the provisions for faculty in Nicosia. These include, for example, external training, competitive seed funds, publications in open access journals, participation in conferences and funded postdoctoral fellowships and doctoral studies.

**We would suggest that the Athens branch would benefit from ongoing monitoring and early-stage planning for staff mentoring, academic development coordination, succession management and appraisal practices in Athens.**

We thank the EEC for their helpful suggestion to monitor staff development closely for staff mentoring, academic development coordination, succession management and appraisal practices in Athens. We have developed a well-defined plan for staff development which includes:

1. Extensive training to support teaching, assessment and student support
2. Coordination between counterparts in Nicosia and Athens
3. Appraisal, including peer review and the annual performance review

These are in line with the faculty development processes in Nicosia and their implementation at UNIC Athens will effectively support staff development at the branch campus.

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

## 6. EDUCATIONAL RESOURCES

### Findings

The EEC toured the teaching hospitals that will be used for early years (and transitional years) exposure, and the inspirational new medical school building in Elliniko, still under construction, which will be finished before the first students enrol. The building will truly set the scene for Europe-leading education. Facilities at the Medical School main building will include 10 PBL rooms suitable for small-group teaching, 16 skills labs booths and 3 simulation suites in total. There will also be appropriate labs for teaching and research as well as a library and enough spaces for social purposes. As in Cyprus, the anatomy lab will have plastinated 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. The clinical educators we met with were excellent and we are sure will provide clinical and professional mentorship in addition to more measurable clinical education.

UNIC Athens branch students will have access to all digital tools and services available for Nicosia students.

The institution's commitment to a consistent quality of resources across both campuses was evident. 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.

### 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 MD 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 the 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.

Sub-area		Non-compliant/Partially compliant / Compliant / Not applicable
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 Programme Evaluation Report, 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.

### 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

As there is yet 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.

Scheduling annual joint quality review meetings across both campuses to ensure alignment and shared learning would be a useful additional tool in the quality assurance cycle.

### UNIC Response:

**As there is yet 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 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.

**Scheduling annual joint quality review meetings across both campuses to ensure alignment and shared learning would be a useful additional tool in the quality assurance cycle.**

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.

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

## 8. GOVERNANCE AND ADMINISTRATION

### Findings

The University of Nicosia Medical School has established a well-defined governance structure that supports the effective design, delivery, and oversight of the MD programme. Excellent 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. Lines of authority and decision-making processes are documented, and institutional committees meet regularly to guide academic and operational matters. The programme will benefit from cross-campus coordination with mechanisms to ensure consistency and alignment with the institution's mission and quality assurance policies. 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

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

The administration organisation within UNIC Health, including the Alumni officer, allows for tremendous understanding of the career trajectories and international careers of graduates, who in turn provide ongoing career support and advice to current students. They will in time provide opportunities for philanthropy and research networks which will further enhance the brand and standing of the school. Administrative functions are well-resourced and specialised (e.g. student services, IT, admissions, finance, exams office).

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

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

While policies and governance at Athens are clear and the principles of parity of experience and reporting line into Nicosia well-articulated, 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.

UNIC Health, as an organisation well equipped with a strong ethos in quality assurance, is well placed to maintain continuous audit activity to evaluate administrative performance, communication, and integration at the Athens campus.

#### UNIC Response:

We thank the EEC for providing a comprehensive, constructive report of their evaluation and for their recommendations for enhancement.

**While policies and governance at Athens are clear and the principles of parity of experience and reporting line into Nicosia well-articulated, 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 stakeholder to join this important group of experts.

**UNIC Health, as an organisation [is] well equipped with a strong ethos in quality assurance, is well placed to maintain continuous audit activity to evaluate administrative performance, communication, and integration at the Athens campus.**

We thank the EEC for recognising the emphasis that we place on quality assurance. In mirroring assurance and enhancement activities, we are confident that this will be replicated at UNIC Athens. Ongoing monitoring as well as a more holistic annual review 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 UNIC 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		Non-compliant/Partially compliant / Compliant / Not applicable
8.1	Governance	Compliant
8.2	Student and academic staff representation	Compliant
8.3	Administration	Compliant

## B. CONCLUSIONS AND FINAL REMARKS

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 practise 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 focussed 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 a forward looking 6-year 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 pre-existing 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 sense 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 6-year programme in Nicosia, 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. 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 pre-existing 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 sense 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).

We also believe that the experience of the UNIC Athens faculty with the 6-year programme innovative curriculum during the inaugural year will appropriately set the scene for starting the 5-year programme in Athens in 2026. Expansion in numbers will be sustainable and carefully planned for.

**Depending on the evidence from the existing 6-year programme in Nicosia, 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.**

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

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

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

**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.

**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 MD programme has an IPL stream that runs longitudinally throughout all years of the programme and learning objectives have systematically been embedded in the MD programme. Guided by our IPL Strategic Plan under the leadership of the IPL Academic Lead, we have systematically covered the IPL learning objectives through educational activities, as described above in Area 2 (Curriculum). 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: 04 July 2025



## D. APPENDICES



## **1. MISSION AND VALUES APPENDIX**

1.1: MD Programme Handbook 25-26\_UNIC Athens

1.2: Student orientation\_2025-2026\_slides 1\_7

1.3: UNIC Medical School Faculty Handbook 2024

## 2. CURRICULUM APPENDIX

2.1: MD Programme Objectives and Outcomes Matrices

2.2: Indicative IPL learning objectives & Activities



### **3. ASSESSMENT APPENDIX**

3.1: Scheme of Assessment

3.2: Terms of Reference & Membership - Assessment Committee



#### 4. STUDENTS APPENDIX

Click to add appendices for Students



## **5. ACADEMIC STAFF APPENDIX**

5.1: UNIC Athens Internal Regulations

5.2: UNIC Medical School Faculty Handbook 2024



## 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

